

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009159

1. Entity Name

M.M.M. RESOURCES INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90071 042 ***150.00

Principal Place of Business

Mailing Address

12651 SEMINOLE BLVD. #17-M
 LARGO FL 33778
 US

12651 SEMINOLE BLVD
 SUITE 17-M
 LARGO FL 33778-2234
 US

2. Principal Place of Business

3. Mailing Address

452 HARBOR DR., No.
 Suite, Apt. #, etc.

452 HARBOR DR., No.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

INDIAN ROCKS BEACH FL

INDIAN ROCKS BEACH, FL

4. FEI Number

59-3354418

Applied For

Not Applicable

Zip
 33785

Country
 USA

Zip
 33785

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, MARYN
 12651 SEMINOLE BLVD
 SUITE 17-M
 LARGO FL 33778

Name

Street Address (P.O. Box Number is Not Acceptable)

452 HARBOR DR

City

INDIAN ROCKS BEACH

FL

Zip Code

33785

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

MARYN MOORE, Pres.

(NOTE: Registered Agent signature required when reinstating)

3/6/00
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

D
 MOORE, MARYN M
 12651 SEMINOLE BLVD, SUITE 17-M
 LARGO FL 33778

TITLE
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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
 Date

Daytime Phone #

CR2E034 (9/99)