

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009159

1. Entity Name

M.M.M. RESOURCES INC.

FILED

Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 91335 050 \*\*\*150.00

Principal Place of Business

452 HARBOR DR-N  
INDIAN ROCKS BEACH FL 33785  
US

Mailing Address

452 HARBOR DR-N  
INDIAN ROCKS BEACH FL 33785  
US

2. Principal Place of Business

2331 BELLEAIR RD, #239

3. Mailing Address

2331 BELLEAIR RD, #239

Suite, Apt. #, etc.

CLEARWATER

Suite, Apt. #, etc.

CLEARWATER

City & State

FLORIDA

City & State

FL

Zip

33764

Country

USA

Zip

33764

Country

USA

6. Name and Address of Current Registered Agent

MOORE, MARYN  
452 HARBOR DR  
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE **D** ☐ Delete  
NAME **MOORE, MARYN M**  
STREET ADDRESS **12651 SEMINOLE BLVD, SUITE 17-M**  
CITY-ST-ZIP **LARGO FL 33778**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☒ Change ☐ Addition  
NAME **MOORE, MARYN M.**  
STREET ADDRESS **2331 BELLEAIR RD #239**  
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (10/00)