

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 22, 2001 08:00 AM****Secretary of State****DOCUMENT # P97000029067**1. Entity Name  
M, M & R CONSTRUCTION, INC.Principal Place of Business  
3561 INDUSTRIAL RD  
MIMS FL 327540346  
Mailing Address  
P. O. BOX 346  
MIMS US 327540346

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**59-3450512**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**WILSON FRED A. J  
3561 INDUSTRIAL RD  
MIMS FL 32754 US**7. Name and Address of New Registered Agent**Name  
WILSON FRED A. J  
Street Address (P.O. Box Number is Not Acceptable)  
3561 INDUSTRIAL RD  
City  
MIMS FL Zip Code  
327540346

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 \_\_\_\_\_ 03/22/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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	ST	<input type="checkbox"/> Delete
NAME	BLUA RAMONA	
STREET ADDRESS	3561 INDUSTRIAL RD.	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILSON FRED J	
STREET ADDRESS	3561 INDUSTRIAL RD.	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON ROBIN	
STREET ADDRESS	3561 INDUSTRIAL RD.	
CITY-ST-ZIP	MIMS FL 32754	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Fred A. Wilson, Jr.

VP

03/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)