

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056517

1. Entity Name

M & M GOLD, INC.

Principal Place of Business

4024 HIGHWAY 90 3782 Hwy 90  
PACE FL 32571

Mailing Address

P.O. BOX 1042  
PACE FL 32571

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3527698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOCKLIN, JACK JR  
77 JONES AVE  
MILTON FL 32570

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 MCMACKIN, TRACEY  
STREET ADDRESS 4024 HIGHWAY 90 3782 Hwy 90  
CITY-ST-ZIP PACE FL 32571

TITLE D ☐ Delete

NAME MONTFORD, ARLEEN  
STREET ADDRESS 4024 HIGHWAY 90 3782 Hwy 90  
CITY-ST-ZIP PACE FL 32571

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 ☐ 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

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 #

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90300 001 \*\*\*400.00

09-06-2001 90300 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment

# 1980005657

AUG. 14, 2001

TO WHOM IT MAY CONCERN,

I WAS SENT THE 2001 UNIFORM BUSINESS REPORT IN JAN OF 2001, I FILED IT OUT AND MADE OUT A CHECK FOR THE 150.00 FEE. I, THEN TURNED IT OVER TO OUR BOOKKEEPER, TO MAKE A COPY AND TO MAIL.

IT WAS AT THIS TIME THAT SHE FOUND OUT THAT HER MOTHER LIVING IN ENGLAND WAS DYING OF CANCER. SHE TOOK A LEAVE OF ABSENT AND RETURNED IN FOUR WEEKS.

SOMEHOW SHE MUST OF FORGOT TO MAIL MY REPORT OUT. SHE HAS SINCE GIVEN US HER NOTICE AND SHE NO LONGER WORKS FOR US.

I DID NOT FIND THE REPORT UNTIL TODAY AND I CALLED YOUR OFFICE TO FIND OUT WHAT I COULD DO. I AM ASKING FOR YOU TO PLEASE EXCEPT MY 150.00 FEE.

ENCLOSED YOU WILL FIND MY CHECK. THANK YOU SO MUCH FOR YOUR CONSIDERATION

THANK-YOU,

TRACEY MCMACKIN