Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90090 042 ***150.00

DATE

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

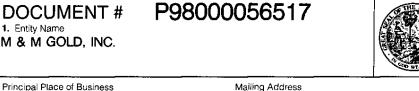
DOCUMENT #

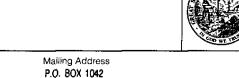
M & M GOLD, INC.

4024 HIGHWAY 90

PACE FL 32571

SIGNATURE





2. Principal Place of Business		3. Mailing Addre	SS					
Suite, Apt. #, etc.		Suite, Apt. #, 6	etc.	CHECK HERE IF MAKING CHANGE				
City & State		City & State		4. FEI Number 59-3527698	A			
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add			

PACE FL 32571

6. Name and Addre	ess of Current Registered Agent					
				_		
COOKING MINOR HOUSE				٠,		

LOCKLIN, JACK JR	 ·- •	ابداد مد
77 JONES AVE		
MILTON FL 32570		

	7. Name and Address of New Registered Agent							
Name	<u></u>							
ر د مصید - سه	المعجوبية حاربها		. •	س.				
Street Address (P.	O. Box Number is Not A	cceptable)						
			_					

City				FL		Zip Code	
 		 	 		لـــٰ		

Trust Fund Contribution.

١,	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.	I am familiar with, and accept
	the obligations of registered agent.	

	Signature, typed or printed name of registered agent and title if applicable				
F	TLE NOW!!! FEE IS \$150.00	T			
Afte	r May 1, 2003 Fee will be \$550.00				
Make Chec	k Payable to Florida Department of State				

	Election Cami	

\$5.0	0 1	Иау	Ве
Added	to	Fee	S

Applied For Not Applicable

\$8.75 Additional

Fee Required

10.	OFFICERS AND DIRECTOR	RS .	11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMACKIN, TRACEY 3782 HWY 90 PACE FL 32571	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTFORD, ARLEEN 3782 HWY 90 PACE FL 32571	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. naž v – . T statistic s yvolatika	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADDRESS	77	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.