

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 08:00 AM****Secretary of State****DOCUMENT # P98000107358**1. Entity Name
MINING & MATERIALS CONSULTANTS, INC.

Principal Place of Business

5015 S. FLORIDA AVE, STE. 306

LAKELAND
33813

FL

Mailing Address

5015 S. FLORIDA AVE, STE. 306

LAKELAND
33813

FL

2. Principal Place of Business

1003 LAKE HOLLINGSWORTH DRIVE

3. Mailing Address

1003 LAKE HOLLINGSWORTH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND

FL

City & State

LAKELAND

FL

Zip
33803

Country

Zip
33803

Country

4. FEI Number

65-0912742

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

MACEY RICHARD FJR.
5015 S. FLORIDA AVE
STE 310
LAKELAND
33813

FL

7. Name and Address of New Registered Agent

Name

MACEY RICHARD FJR.

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

1003 LAKE HOLLINGSWORTH DRIVE

City

LAKELAND

FL

Zip Code
33803

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)

03/05/2001

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	<input type="checkbox"/> Delete
NAME	MACEY RICHARD FJR.	
STREET ADDRESS	5015 S. FLORIDA AVE #310	
CITY-ST-ZIP	LAKELAND FL 33813	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACEY RICHARD FJR.	
STREET ADDRESS	1003 LAKE HOLLINGSWORTH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
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: Richard F. Macey, Jr.

D

03/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)