2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # S14777 1. Entity Name M & M TRUCKING, INC.				Mar 13, 2002 8:00 am Secretary of State 03-13-2002 90014 010 ***150.00	
Principal Plac 21274 33RD F LAKE CITY FL 'US	•	Mailing Address 21274 33R0 RD LAKE CITY FL 32055 US		11111 111	
2. Principal F	Place of Business Of U.S. Hwy 90 Ea. #, etc.	3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Star		City & State		4. FEI Number 59-3033912 Applied For Not Applicable]
320.	6, Name and Address of Current Re	32024	Country	Certificate of Status Desired]
21274 33	e, margaret C. RD RD Y FL 32024		Street Addres	is (P.O. Box Number is Not Acceptable) 22 Box 22030 12 City FL ZigCode 23024	
Tax filing r	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200 Make Check Payabl	Registered Agent signature requirements of \$150.00 2 Fee will be \$550.00 6 to Department of \$	10. Election Campaign Financing Trust Fund Contribution. St.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DE PD MCKENZIE, GEORGE N. 21274-33RD RD LAKE CITY FLOO	Decrased.	STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D. Change Addition OCKENZIE RANdolphis. 1274 33 NA ROAD ALE OLU DE 32024	CRZE034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCKENZIE, RANDOLPH S. 20809 20809 CR 137C LAKE CITY FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thense Addition Chence Addition CRENZIE MARGARET (PEBGY) 7.22 BOX 22030 Le City M. 32024 Change Addition	Principal OF
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCKENZIE, TINA D. 20809 CR 137C LAKE CITY FL	□ Delete	NAME	nckenzie Tina D. 274,33 Rd. Road	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKENZIE, MARGARET (PEGGY) 21274 33RD RD LAKE CITY FL	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	☐ Change ☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1
indicated	on this report or supplemental report is tr	ue and accurate and that m	the exemption stated in y signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information se same legal effect as if made under oath; that I am an officer or director 307, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

With all other like empowered.

White Manager All Lenz'e VTD -2-11-02-386-1192400

PRINTIPO NAME OF SIGNING OFFICER OR DIRECTOR