

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 24, 2003 8:00 am  
Secretary of State

02-24-2003 90187 011 \*\*\*150.00

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**DOCUMENT # S14777**

1. Entity Name  
**M & M TRUCKING, INC.**



Principal Place of Business  
**3801 US HWY 90 EAST  
LAKE CITY FL 32055  
US**

Mailing Address  
**21274 33RD RD  
LAKE CITY FL 32024  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4.- FEI Number <b>59-3033912</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MCKENZIE, MARGARET C. RT 22 BOX 22030 LAKE CITY FL 32024</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				<i>RT. 17 Box 1649</i>			
				City <i>Lake City</i>		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENZIE, RANDOLPH S.			NAME			
STREET ADDRESS	21274 33RD RD			STREET ADDRESS	<i>RT. 17 Box 1649</i>		
CITY-ST-ZIP	LAKE CITY FL 32024			CITY-ST-ZIP	<i>LAKE CITY FL 32055</i>		
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENZIE, TINA D.			NAME			
STREET ADDRESS	21274 33RD RD			STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENZIE, MARGARET (PEGGY)			NAME			
STREET ADDRESS	RT 22 BOX 22030			STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Margaret C. McKenzie* **2-7-03** **386-719-2400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)