

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90149 044 \*\*\*150.00

**DOCUMENT # F40963**



1. Entity Name  
**MOTZEL-SANS ASSOCIATES INC.**

Principal Place of Business  
**208 E. OCEAN DR  
LANTANA FL 33462  
US**

Mailing Address  
**208 E OCEAN AVE  
LAKE WORTH FL 33462  
US**



2. Principal Place of Business  
**227 E. Ocean Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**227 E. Ocean Ave**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Lantana FL**

City & State  
**Lantana, FL**

4. FEI Number **59-2126379**

Applied For  
 Not Applicable

Zip **33462** Country **US**

Zip **33462** Country **US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOTZEL, VINCENT C  
1220 N ATLANTIC DR  
LANTANA FL 33462**

Name **Vincent C Motzel**  
Street Address (P.O. Box Number is Not Acceptable)  
**227 E. Ocean Ave**  
City **Lantana FL** Zip Code **33462**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT SANS, ARIEL D 1220 N ATLANTIC DR LANTANA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS MOTZEL, VINCENT C 1220 N ATLANTIC M LANTANA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 LITTLE POND ROAD MANALAPAN, FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12 LITTLE POND ROAD MANALAPAN, FL 33462</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** SIGNATURE REQUIRED **2-10-03** **561-547-7550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)