2002 Uniform Business Report (UBR)

changed, or on an attachment will

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Mar 29, 2002 8:00 am Secretary of State **DOCUMENT #** J82016 1. Entity Name 03-29-2002 91387 041 ***150.00 MOYNIHAN REALTY GROUP, INC. Principal Place of Business Mailing Address 6604 MIDNIGHT PASS RD 6604 MIDNIGHT PASS RD SARASOTA FL 34242 SARASOTA FL 34242 HS lailing Ad bber si DO NOT WRITE IN THIS SPACE FLORINA 4. FEI Number Applied For 65-0013248 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOYNIHAN, CATHERINE A. 6604 MIDNIGHT PASS RD SARASOTA FL 34242 City 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** printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE CR2E034 (9/01) Delete TITLE ☐ Change **Addition** MOUNIHAN NAME Moynihan, Catherine A. NAME 2000 Webher STREET ADDRESS 6604 MIDNIGHT PASS RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP 5 412/1307/1 TITLE STV ☐ Delete TITLE Change ☐ Addition NAME moynihan, James A. NAME STREET ADDRESS 6604 MIDNIGHT PASS RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME MOYNIHAN, JAMES A. NAME STREET ADDRESS 6604 MIDNIGHT PASS RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pame appears in Block 11 or Block 12 if

Date