

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 21, 2003 8:00 am
Secretary of State

1/2

01-21-2003 90069 011 ****61.25

DOCUMENT # N02000008816

1. Entity Name
MOMS REMEMBERED, INC.



Principal Place of Business Mailing Address

**5404 MONTERREY CLUB CT.
WINDERMERE FL 34786** **5404 MONTERREY CLUB CT.
WINDERMERE FL 34786**

2. Principal Place of Business 3. Mailing Address

1803 Park Ct. Dr. **1803 Park Ct. Dr.**

Suite, Apt. #, etc. Suite, Apt. #, etc.


Suite 205 **Suite 205**

City & State City & State

Orlando FL **Orlando, FL**

Zip Country Zip Country

32835 **USA** **32835** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUREK, JOSEPH D JR.
5404 MONTERREY CLUB CT.
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

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 Joseph D. Durek DATE 1.17.03

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D. | <input type="checkbox"/> Delete |
| NAME | DUREK, JOSEPH D JR. | |
| STREET ADDRESS | 5404 MONTERREY CLUB CT. | |
| CITY-ST-ZIP | WINDERMERE FL 34786 | |
| TITLE | D. | <input type="checkbox"/> Delete |
| NAME | RODON, GEORGE | |
| STREET ADDRESS | 201 S. ROSALIND AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | D. | <input type="checkbox"/> Delete |
| NAME | SUBLETTE, WILLIAM E | |
| STREET ADDRESS | 25 S. MAGNOLIA AVE. | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| 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 | | |

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 617, 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: Joseph D. Durek **SIGNATURE REQUIRED** DATE 1.17.03 DAYTIME PHONE # 407292.6668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20037 (10/02)