

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000063187

1. Entity Name  
MOO DOE TRAINING, INC.

FILED

00 OCT 25 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
990 NORTH STATE ROAD 434, SUITE 1144  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
990 NORTH STATE ROAD 434, SUITE 1144  
ALTAMONTE SPRINGS FL 32714

**MOVED**



**REINSTATEMENT**

2. Principal Place of Business  
704 W. ST. RD 436

3. Mailing Address  
704 W. ST. RD. 436

Suite, Apt. #, etc.  
100

Suite, Apt. #, etc.  
100

City & State  
ALTAMONTE SPRINGS FLORIDA

City & State  
ALTAMONTE SPRINGS FLORIDA

4. FEI Number 59-3397721

Applied For  
Not Applicable

Zip Country  
32714 SEMINOLE

Zip Country  
32714 SEMINOLE

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

CURTIN, THOMAS  
990 NORTH STATE ROAD 434  
ALTAMONTE SPRINGS FL 32714

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CURTIN, THOMAS		NAME: 700003460057-0	
STREET ADDRESS: 990 NORTH STATE ROAD 434, SUITE 1144		STREET ADDRESS: -11/13/00-01005-004	
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP: ****750.00 ****750.00	
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	
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	

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

SIGNATURE: *Thomas M. Curtin* **RECEIVED** 9-29-00 707-771-1186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)