2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

144586 **DOCUMENT #**



FILED Mar 17, 2003 8:00 am & Secretary of State

Principal Place of Business 758 LINCOLN ROAD MAL LAMNI REACH FL 33138 2. Principal Place of Business Suite, Apr. #, etc. Guerry Zip Country April	MOSELE		BEACH, INC.				03-17-2003 90056 034 ***150.00
Suite, Apt. 8, etc. Suite, Apt. 8, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4, FEI Number 59-0638563 Acquired For New Application New Application New Application New Application See New and Address of Current Registered Agent 7, Name and Address of Status Desired \$8.75 Additional Fee Required	738 LINCOLN ROAD MALL			738 LII	NCOLN ROAD MALL		T I BELIEFE I INFIN BURNI BHAND BUTAN I FRUM BANDA BURNI BURNI BHAND I BURNI BARNI BANDA BURNI BURNI BURNI BURNI BARN
City & State Ci	2. Principal	Place of Busine	SS	3. Maili	ing Address		
Zip Country Zip Country 5. Corrillosate of Status Desired \$8.75 Additional Personal Address of Current Registrated Agent 7. Name and Address of New Registrated Agent 7. Name and Agent 7. Name and Agent 7. Name and Agent 7. Name and Agent 7. Nam	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
S. Certificate of Status Desired Pice Plaquillect Pice Plaquille	City & State			City &	& State		hu-15/3856/4
MOSELEY, JOSEPH A JR. 4445 ISLAND ROAD BAY POINT FL. 33137	Zip					Country	
MOSELEY, JOSEPH A. JR 4445 ISLAND ROAD 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the objections of registered agent. SIGNATURE Signature, typed or pinner are of registered agent and the facilities. (NOTE Registered Agent algrituhe registered agent, or both, in the State of Florida. I am familiar with, and accept the object on the object of		6. Name a	nd Address of Curre	ent Registered	d Agent		7. Name and Address of New Registered Agent
S. The above named entity submits this statement for the purpose of changing its registered office or registered exemt, or both, in the State of Florida. I am mile with and accept the obligations of registered agent. **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date parameter of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date parameter of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date parameter of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!** FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!* FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!* FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!!* FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!* FEE IS \$150.00 **Make Check Papable to Profit date Department of State** **THE NOW!!* FEE IS \$150.00 **THE NOW!!* FEE IS \$150.	4445 ISL	y, Joseph A. And Road		en e ta f			dress (P.O. Box Number is Not Acceptable)
SIGNATURE Signature Signa	BAY PUI	NI FL 3313/				City	FL Zip Code
Atter May 1, 2003 Fee will be \$550,00 Make Check Payable to Florida Department of State 10.	the obliga	ations of register	ed agent.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I Afte	er May 1, 2003	Fee will be \$550.0	II			
NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS A	ND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MOSELEY, 4445 ISLAN	D ROAD		□ Delete	NAME STREET ADDRESS	☐ Change ☐ Additio
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			7. 7.2.7.	Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			.,		NAME	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				☐ Delete	NAME STREET ADDRESS	Change Additio
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
	TITLE	1					

r nereby certify that the information supplied with this filling 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 each six, with all other like empowered.

SIGNATURE:

305-538-3637