

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-28-2003 90137 013 \*\*\*150.00

DOCUMENT # - 500777

1. Entity Name  
MOTTICE & ASSOCIATES, INC.



Principal Place of Business  
2019 CENTRE POINTE BLVD  
SUITE 101  
TALLAHASSEE FL 32308

Mailing Address  
2019 CENTRE POINTE BLVD  
SUITE 101  
TALLAHASSEE FL 32308



2. Principal Place of Business  
300 SUMMERBROOKE DR.  
3. Mailing Address  
300 SUMMERBROOKE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
TALLAHASSEE, FL

City & State  
TALLAHASSEE, FL

4. FEI Number 59-1678716

Applied For  
Not Applicable

Zip  
32312

Country  
LEON

Zip  
32312

Country  
LEON

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

MOTTICE, H. JAY  
2019 CENTRE POINTE BLVD  
SUITE 101  
TALLAHASSEE FL 32308

Name H. JAY MOTTICE

Street Address (P.O. Box Number is Not Acceptable)  
300 SUMMERBROOKE DR.

TALLAHASSEE

FL

Zip Code 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS  
NAME MOTTICE, JAY H  
STREET ADDRESS 2019 CENTRE POINTE BLVD., SUITE 101  
CITY-ST-ZIP TALLAHASSEE FL 32308

☐ Delete

TITLE H. JAY MOTTICE  
NAME H. JAY MOTTICE  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)