

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91800 025 ***150.00

DOCUMENT # 613502

1. Entity Name
ALVIN MOSCOW, INC.



Principal Place of Business
**559 RIDGECREST CIR.
ST. GEORGE UT 84770
US**

Mailing Address
**559 RIDGECREST CIR
ST. GEORGE FL 84770
US**

2. Principal Place of Business

1329 BLOOMINGTON DR. S.

3. Mailing Address

1329 Bloomington Dr. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST George UT

City & State

St George UT

Zip

84790

Country

USA

Zip

84790

Country

USA

4. FEI Number

59-1898838

Applied For

Not Applicable

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

**BLAIR, GARY
BUSINESS SERVICES OF ORMOND BEACH
289 S. YOUNG ST.
ORMOND BEACH FL 32174**

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

Alvin Moscow Pres.

3/30/03

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 **PD** ☐ Delete
NAME **MOSCOW, ALVIN**
STREET ADDRESS **559 RIDGECREST CIR.**
CITY-ST-ZIP **SAINT GEORGE UT 84770**

TITLE **PD** ☒ Change ☐ Addition
NAME **ALVIN MOSCOW**
STREET ADDRESS **1329 W. Bloomington Dr. S**
CITY-ST-ZIP **SAINT GEORGE UT 84770**

TITLE **SD** ☐ Delete
NAME **MOSCOW, DARDRA**
STREET ADDRESS **559 RIDGECREST CIR.**
CITY-ST-ZIP **SAINT GEORGE UT 84770**

TITLE **SD** ☐ Change ☐ Addition
NAME **MOSCOW, DEIRDRE**
STREET ADDRESS **1329 W. Bloomington Dr. S.**
CITY-ST-ZIP **SAINT GEORGE UT 84790**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

Alvin Moscow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 435-656-3130

Date

Daytime Phone #

CR2E034 (10/02)