

DOCUMENT # 646228

1. Entity Name

MOISTURE DETECTION SERVICES INC.

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90043 006 ***150.00

Principal Place of Business

4019 WOODCOCK DR. STE. 111
JACKSONVILLE FL 32207

Mailing Address

4019 WOODCOCK DR. STE. 111
JACKSONVILLE FL 32207

2. Principal Place of Business

6028 CHESTER AVE.

3. Mailing Address

6028 CHESTER AVE.



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

SUITE 206C

Suite, Apt. #, etc.

SUITE 206-C

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FLORIDA

4. FEI Number

59-1963158

Applied For

Not Applicable

Zip

32217

Country

FLORIDA

Zip

32217

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODING, ROBERT F

2959 RAINBOW RD.

JACKSONVILLE FL 32217

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.

SIGNATURE

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

TITLE NAME ☐ Delete

P
ROBERT, F. GOODING
2959 RAINBOW RD
JACKSONVILLE FL 32217

TITLE NAME ☐ Delete

VS
GOODING, TAMARA P
2959 RAINBOW RD.
JACKSONVILLE FL 32217

TITLE NAME ☐ Delete

V
SIMS, STEVEN A
11082 BARBIZON CR. W.
JACKSONVILLE FL 32257

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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: Robert F. Gooding ROBERT F. GOODING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-2001 (904) 367-0003

Date

Daytime Phone #

CR2E034 (10/00)