

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -4 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500008281245--9  
-10/09/02--01026--002  
\*\*\*\*750.00 \*\*\*\*750.00

DO NOT WRITE IN THIS SPACE

**DOCUMENT # F01000001057**

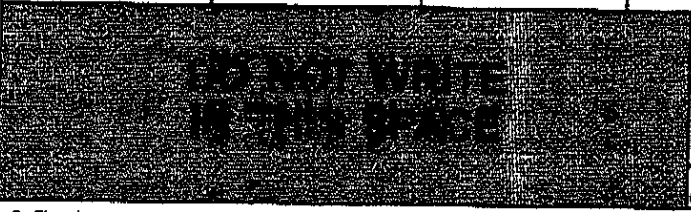
1. Entity Name  
**MOSSBERG GROUP, INC.**



2. Principal Place of Business <b>1871 Mason Avenue</b>	3. Mailing Address <b>1871 Mason Avenue</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Daytona Beach, FL</b>	City & State <b>Daytona Beach, FL</b>
Zip <b>32117</b>	Country <b>USA</b>

4. FEI Number <b>59-3674390</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



7. Name and Address of Current Registered Agent

Name  
**American Information Services, Inc.**

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

**255 South Orange Avenue 17th floor**

City  
**Orlando**

State  
**FL**

Zip Code  
**32801**

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.

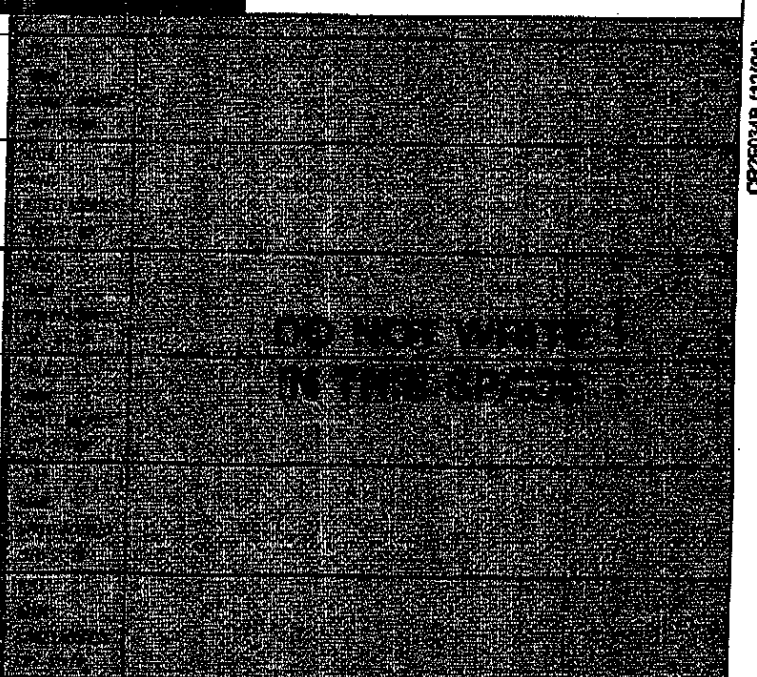
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reissuing)

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

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

11. OFFICERS AND DIRECTORS	
TITLE <b>PSTD</b>	NAME <b>Mossberg, Jonathan E.</b>
STREET ADDRESS <b>1871 Mason Avenue</b>	CITY-ST-ZIP <b>Daytona Beach, FL 32117</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jonathan E. Mossberg **Jonathan E. Mossberg** 386-274-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR26034B (12/01)

js 10/7/02