

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90006 026 ***158.75

DOCUMENT # F01000002437

1. Entity Name
MOTEN TATE, INCORPORATED

Principal Place of Business
3750 S. ATLANTIC AVE #6
DAYTONA BEACH SHORES FL 32127

Mailing Address
PO BOX 290717
PORT ORANGE FL 32129-0717



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
301 EAST PINE STREET
 Suite, Apt. #, etc.
SUITE 150
 City & State
ORLANDO, FLORIDA

3. Mailing Address
P.O. Box 1490
 Suite, Apt. #, etc.
 City & State
WINDERMERE, FLORIDA

Zip
32801 Country
USA

Zip
34786 Country
USA

4. FEI Number
84-1394733

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MOTEN, KENNETH
3750 S. ATLANTIC AVE #6
DAYTONA BEACH SHORES FL 32127

7. Name and Address of New Registered Agent
 Name
KENNETH MOTEN
 Street Address (P.O. Box Number is Not Acceptable)
8303 BOWDEN WAY
 City
WINDERMERE, FL Zip Code
34786

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]* *[Signature]* **1/12/02**
(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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MOTEN, KENNETH 3750 S. ATLANTIC AVE #6 DAYTONA BEACH SHORES FL 32127	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KENNETH MOTEN 8303 BOWDEN WAY WINDERMERE, FL 34786	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without like empowered.

SIGNATURE: *[Signature]* **1/12/02 (407) 210-6553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)