

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90034 010 ***150.00

0594212 AT

DOCUMENT # F98000004363

1. Entity Name

MOTMANCO, INC.



Principal Place of Business

**319 ROSEDALE PLACE
 VALDOSTA GA 31602**

Mailing Address

**P.O. BOX 1509
 VALDOSTA GA 31603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-1800849

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

**OETGEN, ANITA
 ROUTE 13, BOX 603
 LAKE CITY FL 32055**

Name

Jason Parker Motley

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

2823 Park Street, Unit #4

City

Jacksonville

FL

Zip Code

32204

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 **Jason P. Motley** **Jason P. Motley** **4-30-02**

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD**
 NAME **MOTLEY, DAVID**
 STREET ADDRESS **319 ROSEDALE PLACE**
 CITY-ST-ZIP **VALDOSTA GA 31602**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VSD**
 NAME **MOTLEY, JANE**
 STREET ADDRESS **319 ROSEDALE PLACE**
 CITY-ST-ZIP **VALDOSTA GA 31602**

☐ Delete

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☐ 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: **David B. Motley**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02
 Date

229-247-7889
 Daytime Phone #

CR2E034 (9/01)