

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06801

1. Entity Name

THE MOORINGS INTERNATIONAL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90032 034 ***150.00

Principal Place of Business	Mailing Address
19345 U.S. 19 N. 402 CLEARWATER FL 33764 US	19345 U.S. 19 N. 402 CLEARWATER FL 33764 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	59-2694440	Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MASON, ESQ., ANNE S 17757 U.S. HIGHWAY 19 N. SUITE 500 CLEARWATER FL 34624

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP WARSHAW, ARTHUR 19345 US HWY 19 N., 4TH FLOOR CLEARWATER FL 34624	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	DS HUGHES, MATTHEW 19345 U.S. HWY 19 N., 4TH FLOOR CLEARWATER FL 34624	TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DS MICHAEL J. SCHANTZ
STREET ADDRESS		STREET ADDRESS	19345 U.S. HWY 19 N., 4TH FLOOR
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	DV RAAS, ALEXANDER 19345 U.S. HWY 19 N., 4TH FLOOR CLEARWATER FL 34624	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: ARTHUR WARSHAW Date: 4/27/00 (727) 530-5424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)