FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90036 026 ***150.00

DOCUMENT # H17834

1. Entity Name
Robert Moeller, P.A.

DO NOT WRITE IN THIS SPACE

B0058825

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Corner of Wilson St & CR351		P.O. Box 1419	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cross City, Florida		City & State: Cross City, Florida	
Zip: 32628	Country: Dixie	Zip: 32628	Country: Dixie

4. FEI Number: 59-2453615 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Moeller, Robert
Street Address (P.O. Box Number is Not Acceptable)
Corner of Wilson St. & CR 351
City: Cross City FL Zip Code: 32628

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	ST	TITLE	
NAME	Moeller, Lorilynn H.	NAME	
STREET ADDRESS	Willie & Lovie Jones Road	STREET ADDRESS	
CITY-ST-ZIP	~~Old Town, Florida 32680~~	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Robert Moeller 3-25-02 352-498-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #