

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90287 012 \*\*\*550.00

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**DOCUMENT # H79719**

1. Entity Name  
**MOUSER & WELLS, P.A.**



Principal Place of Business  
**810 - 63RD AVENUE, NORTH  
P.O. BOX 20768 (ZIP 33742)  
ST. PETERSBURG FL 33702**

Mailing Address  
**810 - 63RD AVENUE, NORTH  
P.O. BOX 20768 (ZIP 33742)  
ST. PETERSBURG FL 33702**



2. Principal Place of Business

**810 634 AVE NO**

Suite, Apt. #, etc.

3. Mailing Address

**810 634 AVE NO.**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**ST PETERSBURG, FLA**

City & State

**ST PETERSBURG, FLA**

4. FEI Number **59-2582724**

Applied For

Not Applicable

Zip **33702**

Country **USA**

Zip **33702**

Country **USA**

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

6. Name and Address of Current Registered Agent

**MOUSER, FREDERICK L.  
810 - 63RD AVENUE, NORTH  
ST. PETERSBURG FL 33702**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD MOUSER, FREDERICK L. 1746 OCEANVIEW DRIVE TIERRA VERDE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD BERGER, TODD E. 810-63RD AVE NORTH ST. PETERSBURG FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD ELLIOTT, GREGORY T 810 63RD AVE NORTH ST PETERSBURG FL</b>	<input checked="" 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"/> 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption shown in Section 119.07(3)(l), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Gregory T. Elliott**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-6-03**  
Date

**727-522-3070**  
Daytime Phone #

CR2E034 (4/03)