

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74249

1. Entity Name

MOSSMAN ASSOCIATES, INC.

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90265 049 ***150.00

Principal Place of Business

1600 NW 2ND AVE
STE 14
BOCA RATON FL 33432
US

Mailing Address

1600 NW 2ND AVE
STE 14
BOCA RATON FL 33432
US

947101

2. Principal Place of Business

2800 S. OCEAN BLVD.

3. Mailing Address

2800 S. OCEAN BLVD.

Suite, Apt. #, etc.

PH-H

Suite, Apt. #, etc.

PH-H

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

59-2824534

Applied For

Not Applicable

Zip

33432

Country

US

Zip

33432

Country

US

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

MOSSMAN, STANLEY
1600 NW 2ND AVE
STE 14
BOCA RATON FL 33432

Name

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

2800 S. OCEAN BLVD, # PH-H

City

BOCA RATON

FL

Zip Code

33432

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PSD ☐ Delete
NAME MOSSMAN, STANLEY
STREET ADDRESS 1600 NW 2ND AVENUE, STE 14
CITY-ST-ZIP BOCA RATON FL

TITLE ☒ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 2800 S. OCEAN BLVD, # PH-H
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)