

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K95721

1. Entity Name

MOSER SERVICES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 2:35

Principal Place of Business

1081 SW 129TH AVE
DAVIE FL 33325

Mailing Address

1081 SW 129TH AVE
DAVIE FL 33325-5578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0130699

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOSER, ANTHONY J.
1081 SW 129TH WAY
DAVIE, FL 33325 FL

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

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, 2000 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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PD	MOSER, ANTHONY J.	1081 SW 129TH WAY	DAVIE FL				
VPD	MOSER, JOYCE J.	1081 SW 129TH WAY	DAVIE FL				

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 #

1-5-2000

(954) 413-1425

Bruckner & Bruckner, Inc.

Income Tax • Accounting • Payroll
4992 North Pine Island Road
Fort Lauderdale, Florida 33351

Phone (954) 741-0381

Fax (954) 749-6303

October 24, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Re: Moser Services Inc., K95721

Dear Examiner:

I am writing on behalf of my above captioned client in response to the administrative dissolution notice just received.

My client promptly filed and paid the annual fee upon receipt in January 2000. Apparently the report never made it back to Tallahassee, or was lost after receipt. The check outstanding has now been stopped at my clients bank.

We are now providing a copy of that annual report filed in January, and are including a new check for \$150.00, per the instructions of one of your reinstatement specialists.

If any further information is needed please contact this office.

Respectfully,



Mitchell W. Bruckner, EA, ABA

MWB/ms

Enclosures