

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90278 031 ****50.00

DOCUMENT # L01000017859

1. Entity Name

MIKE W. MOSS HOME MANAGEMENT, LLC

Principal Place of Business

**5005 49TH STREET
 VERO BEACH FL 32967**

Mailing Address

**5005 49TH STREET
 VERO BEACH FL 32967**

900570

Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FEI Number

65-1155431

Applied For

Not Applicable

Zip

Country

Indian River

Zip

Country

Indian River

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSS, MIKE W
 5005 49TH STREET
 VERO BEACH FL 32967**

Name

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

City

FL

Zip Code

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

M/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
 NAME **MOSS, MIKE W**
 STREET ADDRESS **5005 49TH STREET**
 CITY-ST-ZIP **VERO BEACH FL 32967**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MIKE W. MOSS REQUIRED

1-7-02 561-567-5921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)