

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90103 001 ***150.00

DOCUMENT # L 14557

1. Entity Name

Motsett Realty, Inc.

DO NOT WRITE IN THIS SPACE

20032950

2. Principal Place of Business

2460 SE SHIPPING Rd.

3. Mailing Address

PO Box 7721

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port St Lucie FL

City & State
Port St Lucie FL

4. FEI Number
65-0144415

Applied For

Not Applicable

Zip
34952

Country
US

Zip
34985

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Motsett, Carole M.

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

2460 SE SHIPPING Rd.

City
Port St Lucie

FL

Zip Code
34952

**DO NOT WRITE
IN THIS SPACE**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Motsett, Carole M.
2460 SE SHIPPING Rd.
Port St Lucie, FL 34952

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Carole M. Motsett Pres.

4/14/06 772-335-2048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carole M. Motsett, Pres.

Date

Daytime Phone #

CR2E034B (12/01)