

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90311 043 ***150.00

DOCUMENT # L81834

1. Entity Name

MOSS AND REEVES, P.A.

Principal Place of Business

Mailing Address

% W. ED MOSS, JR.
~~9657 MAGUIRE BLVD., SUITE 150~~
~~ORLANDO FL 32803~~

% W. ED MOSS, JR.
~~9657 MAGUIRE BLVD., SUITE 150~~
~~ORLANDO FL 32803~~

2. Principal Place of Business

480 N. Orlando Ave

3. Mailing Address

← Same

Suite, Apt. #, etc.

218

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32789

Country

USA

Zip

Country

4. FEI Number

59-3017072

Applied For

Not Applicable

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

MOSS, W. ED MOSS, JR.

~~3657 MAGUIRE BLVD.~~

~~SUITE 150~~

~~ORLANDO FL 32803~~

Name

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

480 N. Orlando Ave #218

City

Winter Park

FL

Zip Code

32789

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

Ed Moss

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

(NOTE: Registered Agent signature required when re-instating)

DATE

4/11/01

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 **D** ☐ Delete
 NAME **MOSS, W. ED, JR.**
 STREET ADDRESS **3657 MAGUIRE BLVD., #150**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ Change ☐ Addition
 NAME **480 N. Orlando Ave #218**
 STREET ADDRESS **Winter Park, FL 32789**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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:

Ed Moss **ED MOSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/01

Daytime Phone #

407-894-5072

CR2E034 (10/00)