

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006344

1. Entity Name

MOMENTS OF HAPPINESS, INC.

(R)

08-08-2000 90008 014 ****61.25

N99000006344

FILED

00 OCT 25 PH 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 148 BAYSHORE DR. CAPE CORAL FL 33904	Mailing Address 148 BAYSHORE DR. CAPE CORAL FL 33904
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0962593	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPITLER, JENNIFER
148 BAYSHORE DR.
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

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 re-appointing)

DATE

pd already
FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☒ Addition
NAME	President Jennifer Spitler
STREET ADDRESS	148 Bayshore Dr.
CITY-ST-ZIP	Cape Coral, FL 33904 D.T.
TITLE	☐ Change ☒ Addition
NAME	V.P. John Spitler
STREET ADDRESS	148 Bayshore Dr.
CITY-ST-ZIP	CC FL 33904 D.T.
TITLE	☐ Change ☒ Addition
NAME	Barbara Spitler
STREET ADDRESS	27091 Harbour Dr.
CITY-ST-ZIP	Bonita Springs, FL 33923 D.T.
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JENNIFER SPITLER

7/26/2000 941-540-4697

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

Jennifer Spitler

10/19/00 941-540-4697

CR2E037 (5/00)