

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90122 004 ****61.25

DOCUMENT # N99000006344



1. Entity Name
MOMENTS OF HAPPINESS, INC.

Principal Place of Business
**5223 SEMINOLE COURT
CAPE CORAL FL 33904**

Mailing Address
**5223 SEMINOLE COURT
CAPE CORAL FL 33904**

90004997



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0962593**

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

**SPITLER, JENNIFER
148 BAYSHORE DR.
CAPE CORAL FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW. FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SPITLER, JENNIFER	
STREET ADDRESS	5223 SEMINOL CR	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	SPITLER, JOHN	
STREET ADDRESS	148 BAYSHORE DR.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SPITLER, BARBARA	
STREET ADDRESS	27091 HARBOUR DR	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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: *[Signature]* **DECLARED**

1/14/03

CR2E037 (10/02)