

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90313 003 ***150.00

DOCUMENT # P00000018561

1. Entity Name
GEORGE C. MOSELEY SPREADING SERVICE, INC.

Principal Place of Business RT. 2, BOX 369 LAKE CITY FL 32024	Mailing Address P.O. DRAWER 2759 GAINESVILLE FL 32602
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address Rt. 2, Box 369	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LAKE CITY, FLA.	
Zip	Country	Zip	Country
32024		32024	USA

4. FEI Number 59-3655246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J MOODY & SALZMAN, P.A. 500 E. UNIVERSITY AVE., STE. A GAINESVILLE FL 32602-2759		7. Name and Address of New Registered Agent Name George C. Moseley Street Address (P.O. Box Number is Not Acceptable) Rt. 2, Box 369 City LAKE CITY FL Zip Code 32024	
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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 George C. Moseley DATE 4-19-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSELEY, GEORGE C RT. 2, BOX 369 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOSELEY, CAROLYN RT. 2, BOX 369 LAKE CITY FL 32024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George C. Moseley President DATE 4-19-01 DAYTIME PHONE # 904 7523434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)