

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90099 038 ***150.00

DOCUMENT # P00000027554

1. Entity Name
MOCA VENTURES, INC.

Principal Place of Business
**13015 A VILLAGE BLVD
SAINT PETERSBURG FL 33708**

Mailing Address
**2500 WINDING CREEK BLVD
APT. F203
CLEARWATER FL 33761**



2. Principal Place of Business

3. Mailing Address
17117 GULF BLVD #241

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
N. REDINGTON BEACH, FL

4. FEI Number
59-3636118

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

**CARLE, MARK E
2500 WINDING CREEK BLVD.
APT. F203
CLEARWATER FL 33761**

Name **CARLE, MARK E**
Street Address (P.O. Box Number is Not Acceptable)
17117 GULF BLVD #241
City **N. REDINGTON BEACH FL** Zip Code **33708**

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **CARLE, MARK E**
STREET ADDRESS **2500 WINDING CREEK BLVD #F203**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE **D** ☒ Change ☐ Addition
NAME **CARLE, MARK E**
STREET ADDRESS **17117 GULF BLVD #241**
CITY-ST-ZIP **N. REDINGTON BEACH, FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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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: **Mark Carle** **MARK CARLE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 **727-399-0551**
Date Daytime Phone #

CR2E034 (9/01)