

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034779

1. Entity Name  
DAVID J. MOSCH & ASSOCIATES, INC.

**FILED**  
**Sep 10, 2001 8:00 am**  
**Secretary of State**

09-10-2001 90058 012 \*\*\*550.00

0130305 AT

Principal Place of Business  
C/O DAVID J. MOSCH  
1042 SE WALTERS TERR.  
PORT ST. LUCIE FL 34983

Mailing Address  
C/O DAVID J. MOSCH  
1042 SE WALTERS TERR.  
PORT ST. LUCIE FL 34983

AU084438



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1278 SE Manth Lane  
Suite, Apt. #, etc.  
Port Saint Lucie  
City & State  
FL  
Zip  
34983  
Country  
USA

3. Mailing Address  
1278 SE Manth Lane  
Suite, Apt. #, etc.  
Port Saint Lucie  
City & State  
FL  
Zip  
34983  
Country  
USA

4. FEI Number  
65-0994637  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~EDGE HORTON~~  
~~CITIZEN SHOPPE~~  
~~932 S. WYSHORE BLVD~~  
~~PORT ST. LUCIE FL 34983~~

7. Name and Address of New Registered Agent  
Name  
David Mosch  
Street Address (P.O. Box Number is Not Acceptable)  
1278 SE Manth Lane  
City  
Port St. Lucie FL Zip Code  
34983

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 DAVID J. Mosch

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David J. Mosch 1278 Manth Ln Port St Lucie FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Nicki E. Mosch 1278 Manth Ln Port St Lucie FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: **DISCOUNT REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)