

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 8:00 am**
Secretary of State

04-10-2001 90036 025 ***150.00

0553165

DOCUMENT # P00000061755

1. Entity Name

MELANIE MOFFITT, INC.

Principal Place of Business

**19185 N.E. 13TH STREET
SILVER SPRINGS FL 33448**

Mailing Address

**19185 N.E. 13TH STREET
SILVER SPRINGS FL 33448****00033427**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19175 NE 13th St.
Suite, Apt. #, etc.

3. Mailing Address

19175 NE 13th St
Suite, Apt. #, etc.

City & State

Silver Springs, FL

City & State

Silver Springs, FL

4. FEI Number

59-3653705

Applied For

Not Applicable

Zip

34488

Country

FL

Zip

34488

Country

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

6. Name and Address of Current Registered Agent

**BURNS, PATRICK M
1516 E. HILLCREST ST., SUITE 307
ORLANDO FL 32803**

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 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, 2001 Fee will be \$250.00
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	D	<input type="checkbox"/> Delete
NAME	MOFFITT, MELANIE	
STREET ADDRESS	19185 N.E. 13TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 33448	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moffitt, Melanie	
STREET ADDRESS	19175 NE 13th St.	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie Moffitt

Date

4/11/01

Daytime Phone #

352-875-5108

CR2E034 (10/00)