

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90146 017 ***550.00

DOCUMENT # P00000078567

1. Entity Name

WARNER MOONEY, JR. CARPENTRY, INC.

Principal Place of Business

**2455 PINE CHASE CIRCLE
 ST. CLOUD FL 34769**

Mailing Address

**2455 PINE CHASE CIRCLE
 ST. CLOUD FL 34769**

2. Principal Place of Business

2455 PINE CHASE CIR.

3. Mailing Address

2455 PINECHASE CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. Cloud FL

City & State

ST. Cloud FL.

Zip

Country

34769

US

Zip

Country

34769

US

4. FEI Number

59 366 3523

Applied For

Not Applicable

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

MOONEY, WARNER JR.

**2455 PINE CHASE CIRCLE
 ST. CLOUD FL 34769**

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 \$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 **MOONEY, WARNER JR.**
 STREET ADDRESS **2455 PINE CHASE CIRCLE**
 CITY-ST-ZIP **ST. CLOUD FL 34769**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: *Warner Mooney Jr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)