

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-09-2001 90765 044 ***150.00

DOCUMENT # P00000114741

1. Entity Name

MOMO'S NO. 1, INC.

Principal Place of Business

Mailing Address

**317 E CALL ST
TALLAHASSEE FL 32301**

**317 E CALL ST
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

**1416 W. Tennessee St.
Suite, Apt. #, etc.**

**P.O. Box 4148
Suite, Apt. #, etc.**

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3686522

Applied For

Not Applicable

Zip

32304

Country

U.S.

Zip

32315

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DYE, DON D
317 E CALL ST
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **Don D Dye**

Street Address (P.O. Box Number is Not Acceptable)

424 E1 Destonado Dr

City

Tallahassee

FL

Zip Code

32312

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

2-6-01

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

TITLE **D** ☐ Delete
NAME **DYE, DON D**
STREET ADDRESS **P.O. BOX 4148**
CITY-ST-ZIP **TALLAHASSEE FL 32315**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/T/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01

Date

850-224-1205

Daytime Phone #

CR2E034 (10/00)