

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115996

1. Entity Name

MORIARTY & MONROE, P.A.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90026 048 ***150.00

Principal Place of Business

Mailing Address

1085 W MORSE BLVD #C
WINTER PARK FL 32789

PO BOX 2144
WINTER PARK FL 32790-2144

2. Principal Place of Business

1085 W. Morse Blvd, #C

Mailing Address

P.O. Box 2144

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

Country

Zip

Country

4. FEI Number

59-3689069

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

MORIARTY, BETH A ESQ
1085 W MORSE BLVD #C
WINTER PARK FL 32789

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. SECRETARY / PRESIDENT / DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Beth A. Moriarty
1085 W. Morse Blvd, Suite C
Winter Park, FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Norman A. Monroe
1085 W. Morse Blvd, Suite C
Winter Park, FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Date

Daytime Phone #

CR2E034 (10/00)