

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90521 038 ***158.75

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DOCUMENT # P01000027787

1. Entity Name
MORIARTY ENTERPRISES, INC.



Principal Place of Business
2021 FRENCH AVE
SANFORD FL 32771

Mailing Address
PO BOX 124
SANFORD FL 32772



2. Principal Place of Business

3. Mailing Address
2021 French Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.
P.O. Box 124

City & State

City & State
Sanford, FL

Zip

Country

Zip

Country

32772-0124

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BOZIER, JAMES A
5518 GENOA LANE
ORLANDO FL 32807

7. Name and Address of New Registered Agent

Name **James D. Moriarty**
Street Address (P.O. Box Number is Not Acceptable) **2015 French Ave.**
City **Sanford** **FL** **Zip Code** **32771**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James D. Moriarty**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-21-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **MORIARTY, CAROL E**
STREET ADDRESS **1659 BASS AVENUE**
CITY-ST-ZIP **SEVILLE FL 32190**

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

TITLE **D** ☐ Delete
NAME **MORIARTY, JAMES D**
STREET ADDRESS **2017 S FRENCH AVENUE**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James D. Moriarty
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-03 (407) 302-8088

CR2E034 (10/02)