

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-21-2002 90973 001 ***300.00

DOCUMENT # P01000050044

1. Entity Name
MOXIE GROUP, INC.

Principal Place of Business
C/O JERALD S. BEER
515 NORTH FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH FL 33401

Mailing Address
C/O JERALD S. BEER
515 NORTH FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
805 E. Hillsboro Blvd
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address
Same
 Suite, Apt. #, etc.

City & State
Deerfield Bch
 Zip
33441 Country
Broward

City & State
 Zip Country

4. FEI Number
65-1118121

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

BEER, JERALD S
515 NORTH FLAGLER DRIVE, SUITE 1800
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name
Lisa Buyer
 Street Address (P.O. Box Number is Not Acceptable)
805 E. Hillsboro Blvd Suite 200
 City
Deerfield FL Zip Code
33441

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]* **Lisa Buyer**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/9/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	Lisa Buyer President/CEO 805 E. Hillsboro Blvd Deerfield Bch, FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary Ryan Roth Same as above	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lisa Haddonott Same as above	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **Lisa Buyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/9/02 954-354-1410
 Daytime Phone #

CR2E034 (9/01)