

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000075931**

1. Entity Name

**Moser Investments, Inc.**

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

09-17-2002 90105 041 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 14334**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**JACKSONVILLE, FL**

**JACKSONVILLE, FL**

Zip

Country

Zip

Country

**32205**

**32205**

4. FEI Number

**59-3737588**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**DEREK A. MOSER**

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

**4738 TUNIS ST**

**JACKSONVILLE**

City

**FL**

Zip Code

**32205**

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

**Derek A. Moser**

**8-25-02**

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

(NOTE: Registered Agent signature required when renouncing)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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  
**President  
Derek A. Moser  
4363 Timuquana Rd  
JACKSONVILLE, FL 32210**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DEREK A. MOSER**

**8-25-02**

**(904)389-1251**

Date

Daytime Phone #

Attachment 43427

Moser Investments Inc.

# 001000075931

15 September 2002

To Whom It May Concern:

My name is Derek A. Moser Sr. and I have recently taken over the business of Moser Investments Inc. from the former President Helen P. Taylor. In taking over I have found out that she had not submitted the updated information for the year with the renewal fee of \$150.00. At this time I would like to submit the proper paperwork and the check fee of \$150.00 and will do this again next year at the proper time. If there is any questions please feel free to contact me at my numbers listed below.

Thank you,

  
Derek A. Moser Sr.

Pager # [904] 967-5585  
Mobile # [904] 887-9042