2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
03-06-2002 90065 017 ***150.00

DOCUMENT # P01000080412

1. Entity Name
MOSF, INC.

Principal Place of Business	Mailing Address
17515 C.R. 448 MT. DORA FL 32757	17515 C.R. 448 MT. DORA FL 32757

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
150 Marion Oaks Blvd.	P.O. Box 11043
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34473 Country: U.S.A.	Zip: 34473 Country: U.S.A.

4. FEI Number: 59-3739097 ☐ 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
BLANCHARD, DOCK A ESQ. 4 S.E. BROADWAY OCALA FL 34471	Name: Pete Napoles Street Address (P.O. Box Number is Not Acceptable): 29439 DAVID COURT City: Tavares FL Zip Code: 32778

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: X [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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIEZ, GEORGE 5410 NASH TRAIL LAKE WORTH FL 33463 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NAPOLES, PETE 17515 C.R. 448 MT. DORA FL 32757 ☐ Delete	TITLE V / NAME / STREET ADDRESS / CITY-ST-ZIP	Napoles, Pete P.O. Box 939 Tavares, FL 32778 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DIEZ, VIVIAN 5410 NASH TRAIL LAKE WORTH FL 33463 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NAPLOES, CARMEN 17515 C.R. 448 MT. DORA FL 32757 ☐ Delete	TITLE S / NAME / STREET ADDRESS / CITY-ST-ZIP	Napoles, Carmen P.O. Box 939 Tavares, FL 32778 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: X [signature] 2/25/02 (352) 347-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #