

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

FILED
Jun 27, 2002 8:00 am
Secretary of State

06-27-2002 90523 037 ***150.00

DOCUMENT # **P01000081992**

1. Entity Name

Mister More Money.Com, Inc.

DO NOT WRITE IN THIS SPACE

B0126012

2. Principal Place of Business

7133 Hiawassee Oaks Dr
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 204
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Orlando, FL**

City & State **Clarcona, FL**

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip **32818** Country **Orange**

Zip **32710** Country **Orange**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

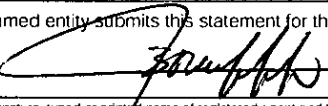
Name **Jean-Marie F. Boursiquot**

Street Address (P.O. Box Number is Not Acceptable)
7133 Hiawassee Oak Dr

City **Orlando** **FL** Zip Code **32818**

**DO NOT WRITE
IN THIS SPACE**

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

6/18/2002

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

January 1 - May 1 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 **Pres/Tres**
NAME **Jean-Marie F Boursiquot**
STREET ADDRESS **7133 Hiawassee Oak Dr, Orlan**
CITY-ST-ZIP **do, FL 32818**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V Pres/sec**
NAME **Nerlan de Thelemarque**
STREET ADDRESS **7133 Hiawasse Oak Dr, Or-**
CITY-ST-ZIP **lando, FL 32818**

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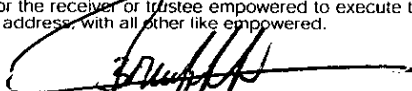
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CITY-ST-ZIP

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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/2002

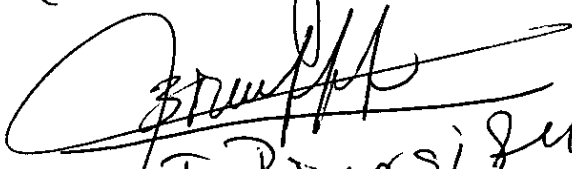
Date

Daytime Phone #

Attachment
DH# P01000081992
6/18/2002

We never received
an application in the
mail. We had to down-
load this one from your
web site.

Thank you


J. Boussi, Pres