

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 30 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (12/01)

DOCUMENT # *P01000087917*

1. Entity Name
Moda Moving + Lawn Service Corporation

2. Principal Place of Business
1222 Lucy Street

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

4. File Number
59-3743505

Applied For
Not Applicable

Zip
32308

Country
Leon

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
Johnnie Marilyne Burns Slaton

Street Address (P.O. Box Number is Not Acceptable)
1222 Lucy Street

City *Tallahassee* FL Zip Code *32308*

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 *Johnnie Marilyne Burns Slaton* *April 29, 2002*
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)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO Johnnie Marilyne Burns Slaton 1222 Lucy Street Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*700005373217-1 -04/30/02-01001-008 ****317.50 ****158.75*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Esther France Burns 1222 Lucy Street Tallahassee, FL 32308

TITLE
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CITY-ST-ZIP

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: *Johnnie Marilyne Burns Slaton* *Johnnie Marilyne Burns Slaton* *42902 942-2425*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #