

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000095905

1. Entity Name
MOMENTS, INC.

FILED

02 SEP 30 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

106 E. EVANS STREET
ORLANDO FL 32804

Mailing Address

106 E. EVANS STREET
ORLANDO FL 32804

2. Principal Place of Business

108 E. Evans St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

Country

USA

Country

4. FEI Number

59-3719435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUTLER, RONALD
1172 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name

Scott Morris

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

108 E. Evans St.

City

Orlando

FL

Zip Code

32804

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-16-02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 | D MORRIS, SCOTT 106 E. EVANS STREET ORLANDO FL 32804 | <input type="checkbox"/> Delete |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-16-02 407-895-5771

CR2E034 (4/02)



Michelle Milliken
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Ms. Milliken,

I am writing to request a waiver of late fee for the Florida State annual uniform business report.

I informed my resident agent that the address he had on file for me was incorrect. He said he make sure the proper address was on the paperwork. Evidently he had not. He also failed to properly advise me as to the filing requirements for a corporation in the State of Florida.

I never received the initial form due to this error on the part of my registered agent.

Additionally, I only just received the second form on September 16th, thanks to a chance meeting with my landlord, who own the adjacent unit that corresponds to the incorrect address on my corporate filing.

Therefore, I am requesting a waiver of the late fees resulting from this situation, and thank you in advance for you help and understanding in this matter.

I am enclosing a check for the standard 150.00 annual filing fee.

Please note that the address has been changed to correct the previous error.

Sincerely,

Scott Morris
Moments Inc.