

5/20

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-20-2002 90076 034 ***150.00

DOCUMENT # P01000101170

1. Entity Name

RICHARD MOSES INC.

Principal Place of Business

12070 SUNCREST LANE
BONITA SPRINGS FL 34135

Mailing Address

12070 SUNCREST LANE
BONITA SPRINGS FL 34135

93506

New Address

2. Principal Place of Business

Home

3. Mailing Address

19951 S. Tamiami

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft Myers

City & State

Ft Myers

FEE Number

PF 59-3752155

Applied For

Not Applicable

Zip

33908

Country

Lee

Zip

33908

Country

Lee

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOSES, RICHARD

12070 SUNCREST LANE
BONITA SPRINGS FL 34135

Name

Richard Moses Inc

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

19951 S. Tamiami

Ft. Myers, FL

City

FL

Zip Code

33908

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

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 ☐ Delete
NAME PVST
STREET ADDRESS MOSES, RICHARD
CITY-ST-ZIP 12070 SUNCREST LANE
BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS MOSES, RICHARD
CITY-ST-ZIP 12070 SUNCREST LANE
BONITA SPRINGS FL 34135

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/02

Date

218-7029

Daytime Phone #

CR2E034 (9/01)