

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90045 038 ***150.00

DOCUMENT # P01000107514

1. Entity Name
MOUSSLY CONSULTING CORPORATION

Principal Place of Business
17 LAKE VISTA WAY
ORMOND BEACH FL 32174

Mailing Address
17 LAKE VISTA WAY
ORMOND BEACH FL 32174

2. Principal Place of Business
175 E. Summerlin Street
 Suite, Apt. #, etc.

3. Mailing Address
175 E. Summerlin Street
 Suite, Apt. #, etc.

City & State
Bartow, Florida

City & State
Bartow, Florida

4. FEI Number
59-3756661

Applied For
 Not Applicable

Zip
33830

Country
Hillsborough

Zip
33830

Country
Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORCES, CHARLES
4314 GAINSBOROUGH, COURT
TAMPA FL 33624

7. Name and Address of New Registered Agent

Name
Larry Madrid
Street Address (P.O. Box Number is Not Acceptable)
175 E. Summerlin Street
City **Bartow, FL** **Zip Code** **33830**

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 **Larry Madrid**

2/27/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **CORCES, CHARLES**
STREET ADDRESS **4314 GAINSBOROUGH COURT**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☒ **Addition**
NAME **President Larry Madrid**
STREET ADDRESS **175 E. Summerlin Street**
CITY-ST-ZIP **Bartow, Fla. 33831**

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

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

TITLE ☐ **Change** ☐ **Addition**
NAME
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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: **Larry Madrid, President**

2/28/02

863-533-9007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)