

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90151 008 ***150.00

0004725 AT

DOCUMENT # P01000121402

1. Entity Name

MOE COUNTY LINE CORP.

Principal Place of Business

**6146 RIVER RUN DRIVE
 SEBASTIAN FL 32958**

Mailing Address

**6146 RIVER RUN DRIVE
 SEBASTIAN FL 32958**

2. Principal Place of Business

3. Mailing Address

539 N. MILLS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO . FL

Zip

Country

Zip

Country

32803

4. FEI Number

59-3761169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

- Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOE, AUNG

**6146 RIVER RUN DRIVE
 SEBASTIAN FL 32958**

Name

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

City

FL

Zip Code

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

AUNG MOE

02-05-02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MOE, AUNG**
 STREET ADDRESS **6146 RIVER RUN DRIVE**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE MOE

02-05-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)