

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000121858

1. Entity Name

Moosewood Corporation

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7751 Evening Star Lane

3. Mailing Address

Moosewood Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tallahassee, FL.

7751 Evening Star Lane

City & State

Tallahassee FL.

Zip

32312

Country

LEON

Zip

32312

Country

LEON

**DO NOT WRITE  
IN THIS SPACE**

4. FEI Number

02-056 5255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

James Mendelson

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

City

7751 Evening Star Lane

Tallahassee

FL

Zip Code

32312

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

James Mendelson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/13/03

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 P  
NAME Mendelson, James  
STREET ADDRESS 7751 Evening Star Lane  
CITY-ST-ZIP Tallahassee, FL. 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME Mendelson, Sherrie  
STREET ADDRESS 7751 Evening Star Lane  
CITY-ST-ZIP Tallahassee, FL. 32312

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

Dr. James Mendelson  
James Mendelson (President)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

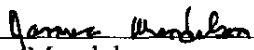
Date

10/13/03  
(850) 893-6407  
Daytime Phone #

CR2E034B (12/01)

10/13/03

I, James Mendelson, did not receive my first or second notice (U.B.R.) for Moosewood Corporation. Document # P01000121858.

  
James Mendelson  
President : Moosewood Corporation