

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90192 017 \*\*\*150.00

0567805  
AV

**DOCUMENT #** P02000001477

**1. Entity Name**  
MOOSEMARX DESIGN, INC.



**Principal Place of Business**  
124 EAST LAKE DR.  
TARPON SPRINGS FL 35689

**Mailing Address**  
124 EAST LAKE DR.  
TARPON SPRINGS FL 35689

**2. Principal Place of Business**

**3. Mailing Address**

PO Box 1011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

City & State  
TARPON SPRINGS

**4. FEI Number**

31-1-77-88-99

**Applied For**

Not Applicable

**Zip** 34688

**Country**

**Zip** 34688

**Country**

Pinellas

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

BARNARD, KIMBERLY M  
124 EAST LAKE DR.  
TARPON SPRINGS FL 35689

**7. Name and Address of New Registered Agent**

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

**SIGNATURE**

Kimberly M. Barnard

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** P ☐ Delete  
**NAME** BARNARD, KIMBERLY M  
**STREET ADDRESS** 124 EAST LAKE DR.  
**CITY-ST-ZIP** TARPON SPRINGS FL 35689

**TITLE** P ☐ Delete  
**NAME** MARC WASHBURN  
**STREET ADDRESS** 124 EAST LAKE DRIVE  
**CITY-ST-ZIP** TARPON SPRINGS, FL 34688

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

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

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

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** P ☐ Change ☒ Addition  
**NAME** MARC WASHBURN  
**STREET ADDRESS** 124 EAST LAKE DRIVE  
**CITY-ST-ZIP** TARPON SPRINGS, FL 34688

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

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

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

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

Kimberly M. Barnard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 727-937-2022

Date

Daytime Phone #

CR2E034 (10/02)