

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90080 019 ***158.75

DOCUMENT # P02000003360

1. Entity Name
MOISTURE CONTROL SYSTEMS, INC.



Principal Place of Business
~~3807 EDLAND DRIVE~~
~~ORLANDO FL 32812~~

Mailing Address
~~3807 EDLAND DRIVE~~
~~ORLANDO FL 32812~~



2. Principal Place of Business

1251 Seminola Blvd
Suite, Apt. #, etc.
300

3. Mailing Address

1251 Seminola Blvd.
Suite, Apt. #, etc.
300

☐ CHECK HERE IF MAKING CHANGES

City & State

Orlando, Fla

City & State

Orlando FLA.

4. FEI Number

01-0582557

Applied For

Not Applicable

Zip

32807

Country

USA

Zip

32807

Country

USA.

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

SCHAARE, JANET
3848 BECONTREE PL.
OVIEDO FL 32765

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHERWOOD, R.E.	
STREET ADDRESS	2615 S. GOLDENROD RD.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HIRST, H.A.	
STREET ADDRESS	3807 EDLAND DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HIRST, P.D.	
STREET ADDRESS	14207 SQUIRREL RUN	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)