

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 023 ***150.00

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DOCUMENT # P02000009943

1. Entity Name

DOYLE W. MOSS INSURANCE & FINANCIAL SERVICES, IN C.



Principal Place of Business
**3800 TAMPA ROAD STE 130
OLDSMAR FL 33557**

Mailing Address
**3800 TAMPA ROAD STE 130
OLDSMAR FL 33557**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

34677

34677

4. FEI Number

01-0576340

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

**MOSS, DOYLE W
3800 TAMPA ROAD STE 130
OLDSMAR FL 33557**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOSS, DOYLE W 3800 TAMPA ROAD STE 130 OLDSMAR FL 33557	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOSS, LINDA B 3800 TAMPA ROAD STE 130 OLDSMAR FL 33557	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/03

Date

813-855-7326

Daytime Phone #

CR2E034 (10/02)



Doyle Moss
Exclusive Agent
Allstate Financial Services, LLC
3800 Tampa Road, Suite 130
Oldsmar, FL 34677
Bus: (813) 855-7326
Fax: (813) 855-7328



Attachment
#P02000009943

May 12, 2003

**To: Division of Corporations
Uniform Business Report Filings**

From: Doyle Moss

Re: Filing fee

There was a mis-communication with the accountant and I we use in getting this filing in on time. I've only been in business for a year and for the most part have done a good job in all the paperwork needed to be a small business owner.

Would appreciate you taking this \$ 150.00 instead of the late fee for being late. It would be a tremendous help to me.

Thank you in advance for your consideration.