

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90093 001 ***150.00

DOCUMENT # P02000046472



1. Entity Name
MOODY'S ROLL-OFFS AND CLEANUP, INC.

Principal Place of Business
9084 CRYSTAL SPRINGS RD.
JACKSONVILLE FL 32221

Mailing Address
9084 CRYSTAL SPRINGS RD.
JACKSONVILLE FL 32221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3659306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOODY, MARVIN M
9084 CRYSTAL SPRINGS RD.
JACKSONVILLE FL 32221

Name
MOODY, KATHY S

Street Address (P.O. Box Number is Not Acceptable)
9084 CRYSTAL SPRINGS RD.

City
JACKSONVILLE

FL

Zip Code
32221

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 *Kathy S. Moody*
KATHY S. MOODY

(NOTE: Registered Agent signature required when reinstating)

1/28/03

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 **D** ☐ Delete
NAME **MOODY, MARVIN M**
STREET ADDRESS **9084 CRYSTAL SPRINGS RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE **D/P/VP** ☒ Change ☐ Addition
NAME **MOODY, MARVIN M**
STREET ADDRESS **9084 CRYSTAL SPRINGS RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/S/T** ☐ Change ☒ Addition
NAME **MOODY, KATHY S**
STREET ADDRESS **9084 CRYSTAL SPRINGS RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **JR.VP** ☐ Change ☒ Addition
NAME **MOODY, MICHAEL M**
STREET ADDRESS **9070 CRYSTAL SPRINGS RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

KATHY S. MOODY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/03

Date

(904) 781-7662

Daytime Phone #

CR2E034 (10/02)