

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

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FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91291 049 ***150.00

DOCUMENT #

P02000061064

1. Entity Name

Sharon Moffett Enterprises, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4245 Foss Road

3. Mailing Address

4245 Foss Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth, FL

City & State
Lake Worth, FL

4. FEI Number

04-3676366

Applied For

Not Applicable

Zip
33461-4407

Country
Palm Beach

Zip
33461-4407

Country
Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sharon Moffett

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

4245 Foss Road

City

Lake Worth

FL

Zip Code

33461-4407

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Sharon Moffett
4245 Foss Road
Lake Worth, FL 33461-4407

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 561-641-7969
Date Daytime Phone #

CR2E034B (12/02)