

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90003 022 ***150.00

DOCUMENT # P02000090750

1. Entity Name

MOMO'S NO. 3, INC.



Principal Place of Business

236 EAST FIFTH AVENUE
TALLAHASSEE FL 32303

Mailing Address

236 EAST FIFTH AVENUE
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

P.O. Box 4148

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32315

Country

U.S.

4. FEI Number

41-2056926

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

DYE, DON D
236 EAST FIFTH AVENUE
TALLAHASSEE FL 32303

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, 2004: 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
NAME DYE, DON D
STREET ADDRESS 236 EAST FIFTH AVENUE
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE D/P
NAME DON D. DYE ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D/S/T
NAME Marybeth H. Dye
STREET ADDRESS 424 Bl Destinado Dr.
CITY-ST-ZIP Tallahassee, FL 32312 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON D. DYE

2/20/04

Date

850-510-0361

Daytime Phone #