FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

5/9/2003-90167-001-$8.75-$8.75 *
5/9/2003-90167-002-$61.25-$61.25 *
5/9/2003-90167-003-$150.00-$150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 12 AM 9:17

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DOCUMENT # P02000125884

1. Entity Name

MOSES & DARDAINE INCORPORATED

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13090 Feather Street	13090 Feather Street
Suite, Apt. #, etc.: Spring Hill	Suite, Apt. #, etc.:
City & State: Florida	City & State: SPRING HILL Florida
Zip: 34609 Country: U.S.A	Zip: 34609 Country: U.S.A.

4. FEI Number: 16-1641431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Glenroy Moses

Street Address (P.O. Box Number is Not Acceptable): 13090 Feather Street

City: SPRING HILL FL Zip Code: 34609

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: N/A
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	PRESIDENT
NAME	GLENRDY MOSES
STREET ADDRESS	13090 Feather St.
CITY-ST-ZIP	SPRING HILL Florida 34609
TITLE	VICE PRESIDENT
NAME	PHYLLIS DARDAINE
STREET ADDRESS	1-965 FRANCIS ROAD
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA L7T3Z1
TITLE	DIRECTOR
NAME	CHERYL MOSES
STREET ADDRESS	13090 Feather St.
CITY-ST-ZIP	Spring Hill Florida 34609.
TITLE	DIRECTOR.
NAME	NEAL DARDAINE
STREET ADDRESS	1-965 FRANCIS ROAD
CITY-ST-ZIP	BURLINGTON ONTARIO CANADA L7T 3Z1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Glenroy Moses 05-06-03 352-684-1707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #