

2001 UNIFORM BUSINESS REPORT (UBR)

3/6

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-06-2001 90310 002 ***150.00

DOCUMENT # P07244

1. Entity Name
MOBET, INC.

Principal Place of Business

C/O BETTY J. MOSLEY
R.R. #1
MOBILE IL 61265

Mailing Address

C/O BETTY J. MOSLEY
R.R. #1
MOBILE IL 61265

2. Principal Place of Business

2103 FIESTA WAY
Suite Apt. #, etc.

3. Mailing Address

2103 FIESTA WAY
Suite, Apt. #, etc.

City & State

SEBRING, FL
Zip **33872** Country **USA**

City & State

SEBRING, FL
Zip **33872** Country **U.S.A.**

4. FEI Number **36-2612914**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N.
911 CHESTNUT STREET
CLEARWATER FL 33516

7. Name and Address of New Registered Agent

Name **DENNIS R. MOSLEY**

Street Address (P.O. Box Number is Not Acceptable)
2100 BURNING TREE CIRCLE

City **SEBRING**

FL

Zip Code **33872**

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.

SIGNATURE **DENNIS R. MOSLEY - PRESIDENT** *Dennis R Mosley* **3/15/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MOSLEY, DENNIS R	
STREET ADDRESS	RR #1	
CITY-ST-ZIP	MOBILE IL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOSLEY, BETTY JANE	
STREET ADDRESS	RR #1	
CITY-ST-ZIP	MOBILE IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT - TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS R. MOSLEY	
STREET ADDRESS	2100 BURNING TREE CIRCLE	
CITY-ST-ZIP	SEBRING, FL 33825	
TITLE	VICE PRESIDENT - SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY M. MOSLEY	
STREET ADDRESS	2100 BURNING TREE CIRCLE	
CITY-ST-ZIP	SEBRING, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 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

Date

Daytime Phone #

Nancy Mosley **1/16/2001** **863-385-4236**

CP2E034 (10/00)