

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000054154**

1. Entity Name

**MOMBEE, INC.**

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91240 050 \*\*\*150.00

Principal Place of Business

Mailing Address

**220 MOUNTAIN DR.**  
**DESTIN, FL 32541**

**A0062651**

2. Principal Place of Business

3. Mailing Address

**220 MOUNTAIN DR.**  
Suite, Apt. #, etc.  
**DESTIN, FL.**  
City & State

**600 BENNING DR.**  
Suite, Apt. #, etc.  
**DESTIN, FL.**  
City & State

DO NOT WRITE IN THIS SPACE

Zip  
**32541**

Country

**OKALOOSA**

Zip  
**32541**

Country

**OKALOOSA**

4. FEI Number

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

**ROBERT SUMMERS**  
**220 MOUNTAIN DR.**  
**DESTIN, FL 32541**

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.

SIGNATURE

**ROBERT SUMMERS (PRES)** *Robert Summers* **4-23-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**ROBERT SUMMERS**  
**220 MOUNTAIN DR.**  
**DESTIN, FL 32541**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V S**  
**VELDA SUMMERS**  
**220 MOUNTAIN DR.**  
**DESTIN, FL 32541**

TITLE  
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CITY-ST-ZIP  
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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:

*Robert Summers* **PT** **ROBERT SUMMERS** **4-23-01** **850-837-5659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)