

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082121

1. Entity Name

MOAYER HOMES, INC.

Principal Place of Business

3336 SNOWY EGRET DR  
MELBOURNE FL 32904  
US

Mailing Address

3336 SNOWY EGRET DR  
#A  
MELBOURNE FL 32904  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3936 SNOWY EGRET DR.

Suite, Apt. #, etc.

3936 SNOWY EGRET DR

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32904

Country

U.S.A

Zip

32904

Country

U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOAYER, FRANK  
700 N. WICKHAM RD  
SUITE 207  
MELBOURNE FL 32935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-03-01

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 PD  
NAME MOAYER, FRANK  
STREET ADDRESS 700 N WICKHAM RD., SUITE 207  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE VSTD  
NAME MOAYER, THEA  
STREET ADDRESS 700 N WICKHAM RD, SUITE 207  
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ 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)(l), 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

Frank MOAYER

01-03-01

321-757-9392

Date

Daytime Phone #

CR2E034 (10/00)

0614423

**FILED**  
**Jan 16, 2001 8:00 am**  
**Secretary of State**

01-16-2001 90107 043 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE