

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90136 044 \*\*\*150.00

**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

**13 E. MELBOURNE AVE.**

3. Mailing Address

**3936 SNOWY EGRET DR.**

Suite, Apt. #, etc.

**Suite "C"**

Suite, Apt. #, etc.

City & State

**MELBOURNE, FL**

City & State

**MELBOURNE, FL**

4. FEI Number

**59-3213630**

Applied For

Not Applicable

Zip

Country

**BREVARD**

Zip

Country

**BREVARD**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **FRANK MOAYER**

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

**13 E. MELBOURNE AVE. Suite "C"**

City **MELBOURNE**

FL

Zip Code **32901**

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 **FRANK MOAYER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-8-2002**

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, 2002 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 ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **MOAYER, FRANK**  
 CITY-ST-ZIP **700 N WICKHAM RD., SUITE 207**  
**MELBOURNE FL**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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)(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:

**FRANK MOAYER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-8-2002**

Date

**321-409-2**

Daytime Phone #

CR2E034 (9/01)