

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90111 005 ***150.00

DOCUMENT # P93000082121

1. Entity Name
MOAYER HOMES, INC.



Principal Place of Business
13 E MELBOURNE AVE
SUITE C
MELBOURNE FL 32901
US

Mailing Address
3336 SNOWY EGRET DR
MELBOURNE FL 32904
US



2. Principal Place of Business

3936 SNOWY EGRET DR.
Suite, Apt. #, etc.

3. Mailing Address

3936 SNOWY EGRET DR.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL

4. FEI Number 59-3213630

Applied For
Not Applicable

Zip Country
32904 Brevard

Zip Country
32904 Brevard

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOAYER, FRANK
13 E MELBOURNE AVE
SUITE C
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name Frank MOAYER

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

3936 SNOWY EGRET DR.

City MELBOURNE FL Zip Code 32904

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOAYER, FRANK 700 N WICKHAM RD., SUITE 207 MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MOAYER, THEA 700 N WICKHAM RD, SUITE 207 MELBOURNE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-16-2003 321-508-5420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)