

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
 09-18-2000 90034 038 ***550.00

DOCUMENT # P94000022172

1. Entity Name

MOTSETT CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business

2460 S.E. SHIPPING RD.
 PORT ST. LUCIE FL 34952

Mailing Address

2460 S.E. SHIPPING RD.
 PORT ST. LUCIE FL 34952-5329

2. Principal Place of Business

1743 S.W. MACEDO BLVD.

3. Mailing Address

P.O. Box 7721

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FL

City & State

PORT ST. LUCIE FL

4. FEI Number

59-3231608

Applied For

Not Applicable

Zip

34983

Country

ST. LUCIE

Zip

34985

Country

ST. LUCIE

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

**MOTSETT, W. JAMES JR.
 2460 S.E. SHIPPING RD.
 PORT ST. LUCIE FL 34952**

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

W. James Motsett, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/00

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, 2000 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 **PD** ☐ Delete
 NAME **MOTSETT, W. JAMES JR.**
 STREET ADDRESS **2460 S.E. SHIPPING RD.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **VP** ☐ Delete
 NAME **MOTSETT, CAROLE M.**
 STREET ADDRESS **2460 S.E. SHIPPING RD.**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
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 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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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: **W. James Motsett, Jr. President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

561-335-7667

Daytime Phone #

CR2E034 (9/99)