

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90014 002 \*\*\*150.00

**DOCUMENT # P95000049898**  
 1. Entity Name  
**HERNANDO MOSS, INC.**

|  |  |
|--|--|
| Principal Place of Business<br>1151 E. CLEVELAND STREET<br>HERNANDO FL 34442<br>US | Mailing Address<br>1151 E. CLEVELAND STREET<br>HERNANDO FL 34442 |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|              |              |                                    |  |
|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number<br><b>59-3323052</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country  |



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**BUMGARNER, ARBUTH O**  
**1151 E. CLEVELAND STREET**  
**HERNANDO FL 34442**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DPT</b><br><b>BUMGARNER, ARBUTH O</b><br><b>1151 E. CLEVELAND STREET</b><br><b>HERNANDO FL</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVS</b><br><b>BUMGARNER, ANN L</b><br><b>1151 E. CLEVELAND STREET</b><br><b>HERNANDO FL</b>    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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: Ann L. Bumgarner 7-25-2000 352-344-9325  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DOC # P95000049898

B0103899

**HERNANDO MOSS, INC.**

1151 E. CLEVELAND STREET  
HERNANDO, FL. 34442  
USA  
Phone 1-800-860-2728  
Fax 352-344-9356  
email-hernandomoss@hitter.com

JULY 25, 2000

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

RE: WAIVE LATE FEE FOR UBR DOC.# P95000049898

HERNANDO MOSS FAILED TO PAY AND SUBMIT PROPER PAPERWORK.

HERNANDO MOSS NEVER RECEIVED FIRST NOTIFICATION, OR HAD A SYSTEM TO REMIND US TO BE TIMELY.

WE HAVE ASKED THAT THIS LATE FEE BE WAIVED AS THIS IS OUR FIRST OFFENSE.

THANKING YOU FOR YOUR TIME AND ATTENTION TO THIS MATTER, THIS WILL NOT HAPPEN AGAIN, WE APOLOGIZE FOR OUR NEGLIGENCE.

SINCERELY



ANN L. BUMGARNER