

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90078 007 \*\*\*150.00

**DOCUMENT # P96000054346**

1. Entity Name

**MOSER FAMILY THERAPY, INC.**



Principal Place of Business

**505 EAST DUVAL STREET  
LAKE CITY FL 32055**

Mailing Address

**505 EAST DUVAL STREET  
LAKE CITY FL 32055**

**90011544**



2. Principal Place of Business

**343 East Duval Street**

Suite, Apt. #, etc.

**Suite 101**

City & State

**Lake City, FL 3**

Zip

**32055**

Country

**USA**

3. Mailing Address

**Rt. 3 Box 220-C**

Suite, Apt. #, etc.

City & State

**Lake City, FL 32025**

Zip

**32025**

Country

**USA**

4. FEI Number

**59-3392642**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOSER, J M**

**505 EAST DUVAL STREET**

**LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

**J.M. Moser**

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

**343 East Duval Street**

**Suite 101**

City

**Lake City**

**FL**

Zip Code

**32025**

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

**1/25/03**

**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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MOSER, J M**  
CITY-ST-ZIP **ROUTE 3, BOX 220-C  
LAKE CITY FL 32025**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MOSER, PAULA F**  
CITY-ST-ZIP **ROUTE 3, BOX 220-C  
LAKE CITY FL 32025**

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

11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/25/03**

Date

**386-752-7116**

Daytime Phone #

CR2E034 (10/02)