

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90278 007 ***150.00

DOCUMENT # P960000 58921

1. Entity Name
MOODY CAPITAL MANAGEMENT, INC
DBA / COSMOS TECHNOLOGY, INC.

Principal Place of Business Mailing Address
715 Sugar Bay Way ← **SAME**
~~#715~~ Suite 107
Lake Mary, FL. ~~32746~~ 32746

2. Principal Place of Business Suite, Apt. #, etc. **SAME ABOVE**
 3. Mailing Address Suite, Apt. #, etc. **SAME ABOVE**

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3430418** Applied For Not Applicable

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

950395
 DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Jerry R. Moody
715 Sugar Bay Way #107
Lake Mary, FL. 32746

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
SAME
 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  **Jerry R. Moody, Pres. CEO** DATE **4-16-00**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	President, CEO	<input type="checkbox"/> Delete
NAME	JERRY R. MOODY	
STREET ADDRESS	715 Sugar Bay Way 107	
CITY-ST-ZIP	Lake Mary, FL. 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	New Address	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Pres. CEO** DATE **4-16-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)