

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90054 038 ***150.00

C0033413

DO NOT WRITE IN THIS SPACE

DOCUMENT # *PA6000065008*
 1. Entity Name
M.O. & B. INVESTMENTS, INC.

Principal Place of Business Mailing Address
310 S. DILLARD STREET **310 S. DILLARD STREET**
SUITE# 305 **SUITE# 305**
WINTER GARDEN, FL 34787 **WINTER GARDEN, FL 34787**

2. Principal Place of Business 3. Mailing Address
310 S. DILLARD STREET **310 S. DILLARD STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE# 305 **SUITE# 305**
 City & State City & State
WINTER GARDEN, FL **WINTER GARDEN, FL**
 Zip Zip Country Country
34787 **34787** **USA** **USA**

4. FEI Number Applied For
59-3400440 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ERIC S. MASHBURN, PA
~~**102 E. MAPLE STREET**~~
WINTER GARDEN, FLORIDA 34787

7. Name and Address of New Registered Agent
 Name **GENE COWART**
 Street Address (P.O. Box Number is Not Acceptable) **310 SOUTH DILLARD STREET, SUITE# 305**
 City **WINTER GARDEN** FL Zip Code **34787**

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 *Gene Cowart* **GENE COWART, PRESIDENT** DATE **3/1/00**
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/DIRECTOR <input checked="" type="checkbox"/> Delete
NAME	BARBARA BLANKENSHIP
STREET ADDRESS	13360 W. COLONIAL DR. # 410
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	SEC/TREA/DIRECTOR <input checked="" type="checkbox"/> Delete
NAME	MABLE FENWICK
STREET ADDRESS	13360 W. COLONIAL DR. # 410
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	OUIDA MEEKS <input checked="" type="checkbox"/> Delete
NAME	VICE PRESIDENT/ DIRECTOR
STREET ADDRESS	13360 W. COLONILA DR. # 410
CITY-ST-ZIP	WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete
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	PRESIDENT/TREASURER/DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GENE COWART
STREET ADDRESS	310 S. DILLARD ST. SUITE# 305
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VICE PRESIDENT/ SECRETARY/ DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MABLE FENWICK
STREET ADDRESS	310 S. DILLARD ST. SUITE# 305
CITY-ST-ZIP	WINTER GARDEN, FL 34787 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Gene Cowart* **GENE COWART, PRESIDENT/TREASURER/DIRECTOR** Date Daytime Phone # **(407) 877-2848**

CR2E034 (9/99)