

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA6000065008

1. Entity Name **M.O. & B. INVESTMENTS, INC.** ✓

FILED
Mar 07, 2000 8:00 am
Secretary of State
 03-07-2000 90054 038 ***150.00

Principal Place of Business Mailing Address

310 S. DILLARD STREET SUITE# 305 WINTER GARDEN, FL 34787

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C0033413

2. Principal Place of Business		3. Mailing Address		4. FEI Number	Applied For
310 S. DILLARD STREET		310 S. DILLARD STREET		59-3400440	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
SUITE# 305		SUITE# 305			
City & State		City & State			
WINTER GARDEN, FL		WINTER GARDEN, FL			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
34787	USA	34787	USA		

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ERIC S. MASHBURN, PA		Name GENE COWART	
102 E. MAPLE STREET		Street Address (P.O. Box Number is Not Acceptable)	
WINTER GARDEN, FLORIDA 34787		310 SOUTH DILLARD STREET, SUITE# 305	
		City WINTER GARDEN	Zip Code FL 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** **3/1/00**

Signature, typed or printed name of registered agent and title if applicable. (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Delete BARBARA BLANKENSHIP 13360 W. COLONIAL DR. # 410 WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/TREASURER/DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GENE COWART 310 S. DILLARD ST. SUITE# 305 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREA/DIRECTOR <input checked="" type="checkbox"/> Delete MABLE FENWICK 13360 W. COLONIAL DR. # 410 WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/ SECRETARY/ DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MABLE FENWICK 310 S. DILLARD ST. SUITE# 305 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OUIDA MEEKS <input checked="" type="checkbox"/> Delete VICE PRESIDENT/ DIRECTOR 13360 W. COLONILA DR. # 410 WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Gene Cowart **GENE COWART, PRESIDENT/TREASURER/DIRECTOR** **(407) 877-2846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)