

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094892

1. Entity Name

MO VENTURES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90107 042 ***150.00

Principal Place of Business

514 N. FLORIDA AVE.
DELAND FL 32720

Mailing Address

514 N. FLORIDA AVE.
DELAND FL 32720-3416

2. Principal Place of Business

636 W. New York Ave.
Suite, Apt. #, etc.

3. Mailing Address

636 W. New York Ave.
Suite, Apt. #, etc.

939409



DO NOT WRITE IN THIS SPACE

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

59-3409692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOYER, RONNY L
514 N. FLORIDA AVE.
DELAND FL 32720

7. Name and Address of New Registered Agent

Name: Jeffrey L. Moyer
Street Address (P.O. Box Number is Not Acceptable): 636 W. New York Ave.
City: DeLand FL Zip Code: 32720

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: *[Signature]*
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 1/27/00

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	ST	<input type="checkbox"/> Delete
NAME	MOYER, RONNY L	
STREET ADDRESS	514 N. FLORIDA AVE.	
CITY-ST-ZIP	DELAND FL 32720	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey L. Moyer	
STREET ADDRESS	702 Eastover Circle	
CITY-ST-ZIP	DeLand, FL 32724	
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		
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey L. Moyer
President
Date: 1/27/00 904-734-4668
Daytime Phone #