

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2000 90107 042 ***150.00

DOCUMENT # P96000094892

1. Entity Name

MO VENTURES, INC.

Principal Place of Business

514 N. FLORIDA AVE.
 DELAND FL 32720

Mailing Address

514 N. FLORIDA AVE.
 DELAND FL 32720-3416

939409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1036 W. New York Ave.
 Suite, Apt. #, etc.

3. Mailing Address

1036 W. New York Ave.
 Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

4. FEI Number

59-3409692

Applied For

Not Applicable

Zip

32720 USA

Zip

32720 USA

Country

USA

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): 1036 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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
ST	MOYER, RONNY L	514 N. FLORIDA AVE.	DELAND FL 32720	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
P	Jeffrey L. Moyer	702 Eastover Circle	Deland, FL 32724	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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