

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102039

1. Entity Name

MOLER REAL ESTATE, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90044 046 \*\*\*150.00

Principal Place of Business  
5125 TRADEWINDS ROAD  
VERO BEACH FL 32963

Mailing Address  
5125 TRADEWINDS ROAD  
VERO BEACH FL 32963-1950

011005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
315 RIVERWAY DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
315 RIVERWAY DRIVE  
Suite, Apt. #, etc.

City & State  
VERO BEACH FL

City & State  
VERO BEACH FL

Zip  
32963

Country  
USA

Zip  
32963

Country  
USA

4. FEI Number 65-0736733

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

Applied For Not Applicable

6. Name and Address of Current Registered Agent  
MOLER, ROSANNE  
5125 TRADEWINDS ROAD  
VERO BEACH FL 32963

315 RIVERWAY DRIVE

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
315 RIVERWAY DRIVE  
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 Rosanne Moler 1/31/00  
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOLER, ROSANNE		NAME		
STREET ADDRESS	5125 TRADEWINDS ROAD		STREET ADDRESS	315 RIVERWAY DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Rosanne Moler 1/31/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #