

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004506

1. Entity Name

M.O.M. HOME MANAGEMENT INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90068 010 ***150.00

Principal Place of Business

Mailing Address

1189 SIMMONS ROAD
KISSIMMEE FL 34744

1189 SIMMONS ROAD
KISSIMMEE FL 34744-5626

2. Principal Place of Business

3. Mailing Address

1439 Simmons Rd

1439 Simmons Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kissimmee, FL

Kissimmee, FL

Zip

Country

Zip

Country

34744 USA

34744 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPLEBEE, DARLENE
1189 SIMMONS ROAD
KISSIMMEE FL 34744

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34744

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 Darlene Applebee
Signature, typed or printed name of registered agent and title if applicable

Darlene Applebee
(NOTE: Registered Agent signature required when reinstating)

04/15/00
DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PS	APPLEBEE, DARLENE		
1189 SIMMONS ROAD			
KISSIMMEE FL 34744			
VPT	MARY, PATRICIA		
7687 OLEAN RD			
HOLLAND NY 14080			

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:

Darlene Applebee, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 407-791-6218

CR2E034 (9/99)