

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90028 002 ***150.00

C0049849

DOCUMENT # **P97000029545**

1. Entity Name

MORMIL VENDING, INC.

Principal Place of Business

Mailing Address

PENSACOLA, FLORIDA

2. Principal Place of Business

3. Mailing Address

MORMIL VENDING, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8876 BURNING TREE RD.

City & State

City & State

PENSACOLA, FLORIDA

4. EFI Number

59-3439873

Applied For

Not Applicable

Zip

Country

Zip

Country

32514-5602 USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARY MAY MILLER
8876 BURNING TREE RD.
PENSACOLA, FL 32514-5602

Name

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

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

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) ☐

FILE NOW!!! FEE IS \$150.00

After MAY-1, 2001. 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 **ELOISE MOORE PRESIDENT** ☐ Delete
 NAME
 STREET ADDRESS **7490 BARONNE PLACE**
 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **LOUIS T. MOORE VICE PRES** ☐ Delete
 NAME
 STREET ADDRESS **7490 BARONNE PLACE**
 CITY-ST-ZIP **PENSACOLA, FL 32526**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MARY MAY MILLER** ☐ Delete
 NAME
 STREET ADDRESS **8876 BURNING TREE RD.**
 CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: **Mary May Miller** **MARY MAY MILLER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

(850) 477-0729

Daytime Phone #

CR2E034 (11/00)