

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031632

1. Entity Name

MOSSBROOKS ENTERPRISES, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90223 048 ***158.75

Principal Place of Business

105040 OVERSEAS HWY
KEY LARGO FL 33037

Mailing Address

291 LANCE LANE
KEY LARGO FL

00025552



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0481846

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

7. Name and Address of New Registered Agent

TICE, JAMES E
16220 SW 280TH ST.
HOMESTEAD FL

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 PD ☒ Delete
NAME ~~MASSBROOKS, WILLIAM A.~~
STREET ADDRESS ~~291 LANCE LANE~~
CITY-ST-ZIP ~~KEY LARGO FL 33037~~

TITLE PD. ☒ Change ☐ Addition
NAME Mossbrooks, William A.
STREET ADDRESS 291 Lance Lane
CITY-ST-ZIP Key Largo, Fl. 33037

TITLE PD ☒ Delete
NAME ~~Mossbrooks, William A.~~
STREET ADDRESS ~~291 Lance Lane~~
CITY-ST-ZIP ~~Key Largo, Fl. 33037~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 *William A. Mossbrooks* William A. Mossbrooks 3/12/2001 305-453-9512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)