2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am Secretary of State DOCUMENT # **P97000105418** 1. Entity Name 02-07-2000 90057 010 ***150.00 GEOFFREY K. MOSHER, JR., CPA, INC. Principal Place of Business Mailing Address P.O. BOX 10568 43 WEST FORT DADE AVENUE C0018941 **BROOKSVILLE FL 34601** BROOKSVILLE FL 34603-0568 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3486159 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOSHER, GEOFFREY K JR. Street Address (P.O. Box Number is Not Acceptable) 43 WEST FORT DADE AVENUE **BROOKSVILLE FL 34601** City Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Change ☐ Addition TITLE □ Delete TITLE Mosher, Geoffrey K Jr MASHER, GEOFFROY K JR NAME NAME STREET ADDRESS STREET ADDRESS 43 W FORK DADE AVE CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition - □ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

SIGNATURE: Buffey & Male L. Geoffrey K. Mashar Jr. 2k/00 352-796-058
SIGNATURE: Buffey OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destine Phone #