

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90052 001 ***150.00

UN00033 AI

DOCUMENT # P97000108734

1. Entity Name

MOOREEN, INC.

Principal Place of Business

~~25184 BOLIVAR DR.~~
~~PUNTA GORDA FL 33983~~

Mailing Address

~~25184 BOLIVAR DR.~~
~~PUNTA GORDA FL 33983~~

2. Principal Place of Business

2191 Silver Palm Rd

3. Mailing Address

2191 Silver Palm Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Port, FL

City & State

North Port, FL

Zip

34288

Country

Zip

34288

Country

4. FEI Number

65-0804389

Applied For

Not Applicable

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

ROSENBAUM, MAUREEN

~~25184 BOLIVAR DR.~~
~~PUNTA GORDA FL 33983~~

2191 Silver Palm Rd
N. Port, FL 34288

Name

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

2191 Silver Palm Rd

City **N. Port**

FL

Zip Code

34288

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

Maureen Rosenbaum

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, 2002 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** ☐ Delete
 NAME **ROSENBAUM, MAUREEN**
 STREET ADDRESS **25184 BOLIVAR DR.**
 CITY-ST-ZIP **PUNTA GORDA FL 33983**

TITLE ☒ Change ☐ Addition
 NAME **2191 Silver Palm Rd**
 STREET ADDRESS **North Port, FL 34288**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 ☐ Delete
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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/02

941 429 0900

CR2E034 (9/01)