0UU80795

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023755

1. Entity Name
MOSS BROTHERS CONSTRUCTION, INC.

Principal Place of Business
708 N.E. FOURTH STREET
HALLANDALE, FL 33009

Mailing Address
708 N.E. FOURTH STREET
HALLANDALE, FL 33009

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
13823 MURCOTT	1546 RODMAN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEWISTON FL	City & State: HOLLYWOOD FL
Zip: 33440 Country: USA	Zip: 33020 Country: USA

4. FEI Number 65-0822329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSS, TOM
708 N.E. FOURTH STREET
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
1546 RODMAN STREET
City: HOLLYWOOD FL Zip Code: 33020

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MOSS, TOM	NAME	
STREET ADDRESS	708 N.E. FOURTH STREET	STREET ADDRESS	1546 RODMAN STREET
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	HOLLYWOOD, FL 33020
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-4-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #