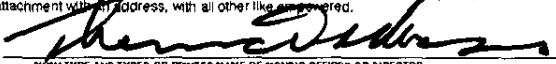


FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90947 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

00080795

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	
2. Principal Place of Business 13823 MURCOTT		3. Mailing Address 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
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	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
4. FEI Number 65-0822329 Applied For ☐ Not Applicable			
☐ CHECK HERE IF MAKING CHANGES			
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 _____ (NOTE: Registered Agent signature required when installing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MOSS, TOM 708 N.E. FOURTH STREET HALLANDALE, FL 33009 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1546 RODMAN STREET HOLLYWOOD, FL 33020 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 my address, with all other like information.			
SIGNATURE:  4-4-03		Date _____ Daytime Phone # _____	

CR2034 (10/02)