

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 90294 048 ***150.00

DOCUMENT # P98000069402

1. Entity Name
MOTHERHOOD RESOURCES, INC.



Principal Place of Business
~~11250 TRADEWINDS WAY~~
~~COOPER CITY FL 33026~~

Mailing Address
~~11250 TRADEWINDS WAY~~
~~COOPER CITY FL 33026~~



2. Principal Place of Business

172 Margaret Drive
Suite, Apt. #, etc. 0

3. Mailing Address

1203 B East Grand
Suite, Apt. #, etc. Box 235

☒ CHECK HERE IF MAKING CHANGES

City & State

Marshall, Texas

City & State

Marshall, TX

4. FEI Number **65-0866480**

Applied For
☐ Not Applicable

Zip

75670

Country

USA

Zip

75670

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~KESSLER, FELICIA P~~
~~11250 TRADEWINDS WAY~~
~~COOPER CITY FL 33026~~

7. Name and Address of New Registered Agent

Name Felicia P. Kessler
Street Address (P.O. Box Number is Not Acceptable) 172 Margaret Drive 50 SW 10 St
Miami, Fla 33130
City Marshall, Texas FL Zip Code 75670

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

Felicia Kessler
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/03
DATE

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

TITLE D ☐ Delete
NAME KESSLER, FELICIA P
STREET ADDRESS 11250 TRADEWINDS WAY
CITY-ST-ZIP COOPER CITY FL 33026 172 Margaret Drive
Marshall, TX 75670

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03

Date

903-435-4004

Daytime Phone #

CR2E034 (10/02)