

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077159

1. Entity Name

MOW ENTERPRISES, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90006 044 ***158.75

Principal Place of Business

Mailing Address

1430 S. BELFORD COURT
MERRITT ISLAND FL 32952

PO BOX 328
SHARDES FL 32954-1589



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

670 N. COURTENAY PKWY

3. Mailing Address

P.O. Box 541589

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE J

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

Zip

32953

Country

Zip

32954-1589

Country

4. FEI Number

59-3535850

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

MCPHILAMY, JOHN J
1430 S. BELFORD COURT
MERRITT ISLAND FL 32952

Name

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

City

FL

Zip Code

18. 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

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS MCPHILAMY, JOHN J
CITY-ST-ZIP 1430 S. BELFORD COURT
MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
NAME D
STREET ADDRESS O'STEEN, CHRISTOPHER B
CITY-ST-ZIP 1160 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. MCPHILAMY

4/26/00

(321) 431-1605

Date

Daytime Phone #

CR2E034 (9/99)