

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2003 8:00 am
Secretary of State

08-12-2003 90018 002 ***150.00

UNIFORM
AN

DOCUMENT # P98000091317

1. Entity Name
MOISTURE ABATEMENT TECHNOLOGIES, INC.



Principal Place of Business
**1475 EDGEWOOD CIR
JACKSONVILLE FL 32205**

Mailing Address
**1475 EDGEWOOD CIR
JACKSONVILLE FL 32205**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3541383**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEARNE, ROBERT D
1475 EDGEWOOD CIR
JACKSONVILLE FL 32205**

Name **GEORGE H. G. HALL**
Street Address (P.O. Box, Number is Not Acceptable)
4736 BLANDING BOULEVARD
City **JACKSONVILLE** FL Zip Code **32210**

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 *George H. G. Hall* **GEORGE H. G. HALL** DATE **7/27/2003**

FEE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HEARNE, ROBERT D 1475 EDGEWOOD CIR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert D. Hearne*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8-11-03** Daytime Phone #

CR2E034 (4/03)

Attachment

80137899
P98000091317

**MOISTURE ABATEMENT TECHNOLOGIES, INC.
1475 EDGEWOOD CIRCLE
JACKSONVILLE, FL 32205-7763**

August 11, 2003

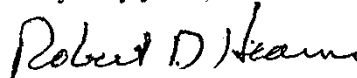
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madame:

Enclosed please find the annual report for Moisture Abatement Technologies, Inc. I have included a check for \$150.00 which is the normal fee. Per the instructions, I would like to request that the penalty be waived as I did not receive the prior notice. I have never been late before. Had I received the prior notice, I would have filed timely.

Thank you for your consideration of this request.

-Very truly yours,



Robert D. Hearne
President

RDHr