

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095252

1. Entity Name

MOSIEUR CAPITAL GROUP, INC.

**FILED**  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90387 034 \*\*\*158.75

Principal Place of Business

425 S.W. 33RD. AVE.  
OCALA FL 34474

Mailing Address

PO BOX 771015  
OCALA FL 34474

104100

2. Principal Place of Business

1601 NE 25<sup>TH</sup> Ave

Suite, Apt. #, etc.

Unit 602

City & State

OCALA, FL

Zip

34470

Country

Marion

3. Mailing Address

1601 NE 25<sup>TH</sup> Ave

Suite, Apt. #, etc.

Unit 602

City & State

OCALA FL

Zip

34470

Country

Marion



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544116

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSIEUR, MICHAEL H  
425 S.W. 33RD. AVE.  
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Mosieur, Michael H.

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

1601 NE 25<sup>TH</sup> Ave

Unit 602

City

OCALA

FL

Zip Code

34470

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.

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, 2001 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

TITLE P  
NAME MOSIEUR, MICHAEL H  
STREET ADDRESS 425 SW 33RD ST  
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE VP  
NAME MOSIEUR, MATTHEW G  
STREET ADDRESS 425 SW 33RD ST  
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME Mosieur, Michael H  
STREET ADDRESS 1601 NE 25<sup>TH</sup> Ave Unit 602  
CITY-ST-ZIP Ocala, FL 34470 ☒ Change ☐ Addition

TITLE VP  
NAME Mosieur, Matthew G  
STREET ADDRESS 1601 NE 25<sup>TH</sup> Ave Unit 602  
CITY-ST-ZIP Ocala FL 34470 ☒ Change ☐ Addition

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

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

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

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

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:

*Michael Mosieur*

MICHAEL MOSIEUR

3/29/01

352/369/1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)