

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90256 045 ***150.00

DOCUMENT # P98000108065

1. Entity Name

MOODY ELECTRIC COMPANY OF NORTH FLORIDA



Principal Place of Business

**11528 GWYNFORD LANE
JACKSONVILLE FL 32223**

Mailing Address

**11528 GWYNFORD LANE
JACKSONVILLE FL 32223**

90002606



2. Principal Place of Business

4946 Herton Dr

3. Mailing Address

4946 Herton Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL

4. FEI Number

59-3548424

Applied For

Not Applicable

Zip

32258

Country

United

Zip

32258

Country

United

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOODY, YULIYA

**11528 GWYNFORD LANE
JACKSONVILLE FL 32223**

7. Name and Address of New Registered Agent

Name

Same

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

City

FL

Zip Code

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

Yuliya Moody

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

(NOTE: Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**PS
MOODY, YULIYA
11528 GWYNFORD LANE
JACKSONVILLE FL 32223**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VD
MOODY, MARK W
11528 GWYNFORD LANE
JACKSONVILLE FL 32223**

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Yuliya Moody
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)