

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2000 8:00 am
Secretary of State

08-25-2000 90001 003 ***550.00

00081148

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 99 00000 1985

1. Entity Name

Carl D. Motes, PA

Principal Place of Business

Mailing Address

3191 Maguire Blvd.
 Suite 160
 Orlando, Florida

Po Box 3426
 Orlando, FL
 32802-3426

2. Principal Place of Business

3. Mailing Address

3191 Maguire Blvd.
 Suite, Apt. #, etc.
 Suite 160

Po Box 3426
 Suite, Apt. #, etc.

City & State
 Orlando, FL

City & State
 Orlando, FL

4. FEI Number
 59-3551182

Applied For
 Not Applicable

Zip
 32803

Country
 Orange

Zip
 32802-3426

Country
 Orange

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

Carl D. Motes
 9460 Thurlow Place
 Orlando, FL 32827

Name
 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.

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 NAME STREET ADDRESS CITY-ST-ZIP	Pres, Dir. Carl D. Motes 9460 Thurlow Place Orlando, Fla. 32827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carl D. Motes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 23, 2000

Date

Daytime Phone #

CR2E034 (9/99)