

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. PO Box 3426
 Suite 160 Orlando FL
 Orlando, Florida 32802-3426

2. Principal Place of Business 3. Mailing Address

3191 Maguire Blvd. PO Box 3426
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 160

City & State City & State

Orlando, FL Orlando FL

Zip Country Zip Country

32803 Orange 32802-3426 Orange

4. FEI Number Applied For
 59-3551182 Not Applicable

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

6. Name and Address of Current Registered Agent

Carl D. Motes
 9460 Thurloe Place
 Orlando, FL 32827

7. Name and Address of New Registered Agent

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 _____ (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 Thurloe Place Orlando, Fla. 32827 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 August 23, 2000 407 597 6909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)