

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023781

1. Entity Name
MOFEST, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90358 007 ***150.00

80003134



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1823 MALLORY STREET
JACKSONVILLE FL 32205**

Mailing Address
**1823 MALLORY STREET
JACKSONVILLE FL 32205**

2. Principal Place of Business
12132 SPRINGMOOR NINE CT
Suite, Apt. #, etc.

3. Mailing Address
12132 SPRINGMOOR NINE CT
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip
32225

City & State
JACKSONVILLE, FL
Zip
32225

4. FEI Number **59-3562511**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIAN, DAVID
1823 MALLORY STREET
JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name **DAVID SIAN**
Street Address (P.O. Box Number is Not Acceptable)
12132 SPRINGMOOR NINE CT
City **JACKSONVILLE** FL Zip Code **32225**

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

4/20/01

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	<input type="checkbox"/> Delete
NAME	SIAN, DAVID	
STREET ADDRESS	1823 MALLORY ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SIAN	
STREET ADDRESS	12132 SPRINGMOOR NINE CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 (904) 384-7203

CR2E034 (10/00)