

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040964

1. Entity Name

MOMENTUM TECHNOLOGY CORPORATION

Principal Place of Business

3406 SHAUNA OAKS DR.  
JACKSONVILLE FL 32277

Mailing Address

3406 SHAUNA OAKS DR.  
JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3582685

Applied For

Not Applicable

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

PINA, MONIQUE  
2120 CORPORATED SQUARE BLVD.  
JACKSONVILLE FL 32277

Name MARGO MONIQUE BARBELL

Street Address (P.O. Box Number is Not Acceptable)  
2120 CORPORATE SQUARE BLVD SUITE 24

City JACKSONVILLE

FL

Zip Code 32216

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 Margo M. Barbell Margo M. Barbell Registered Agent 4-2-01

Signature, type 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBELL, PAUL 3406 SHAUNA OAKS DR. JACKSONVILLE FL 32277	<input type="checkbox"/> Delete
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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: Paul Barbell PAUL BARBELL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01  
Date

904-743-4720  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CP2E034 (10/00)