

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043365

1. Entity Name

MOTES CONSULTING CORPORATION

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90212 046 ***150.00

Principal Place of Business

Mailing Address

275 JOHN KNOX RD., #T101
TALLAHASSEE FL 32303

275 JOHN KNOX RD., #T101
TALLAHASSEE FL 32303-6626

(Same address)

(Same address)

2. Principal Place of Business

275 John Knox Rd

3. Mailing Address

275 John Knox Rd

Suite, Apt. #, etc.

#T101

Suite, Apt. #, etc.

#T101

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32303

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3582280

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

MOTES, DAVID L
275 JOHN KNOX RD., #T101
TALLAHASSEE FL 32303

(Same Agent)

Name

Motes, David L.

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

275 John Knox Rd #T101

Tallahassee

City

FL

Zip Code

32303

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

David L. Motes, President / David Motes 01/15/2000

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

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/T/D
STREET ADDRESS	David Motes
CITY-ST-ZIP	275 John Knox Rd #T101 Tallahassee FL 32303
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V/S
STREET ADDRESS	Kelly Crane Motes
CITY-ST-ZIP	275 John Knox Rd #T101 Tallahassee FL 32303
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:

David L. Motes, President / David L. Motes 01/15/2000 850-297-1276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)