

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043365

1. Entity Name

MOTES CONSULTING CORPORATION

FILED

Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90046 044 ***150.00

600707



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

275 JOHN KNOX RD., #T101
TALLAHASSEE FL 32303

275 JOHN KNOX RD., #T101
TALLAHASSEE FL 32303

2. Principal Place of Business

3. Mailing Address

2023 Duneagle Lane
Suite, Apt. #, etc.

2023 Duneagle Lane
Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State
Tallahassee FL

Zip
32311

Country
Leon

Zip
32311

Country
Leon

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

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

7. Name and Address of New Registered Agent

Name
Motes, David L
Street Address (P.O. Box Number is Not Acceptable)
2023 Duneagle Lane
City
Tallahassee FL Zip Code
32311

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 DAVID L MOTES, PRESIDENT 01/05/01
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, 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 PTD
NAME MOTES, DAVID
STREET ADDRESS 275 JOHN KNOX RD #T101
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE VS
NAME MOTES, KELLY CRANE
STREET ADDRESS 275 JOHN KNOX RD #T101
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME motes, David L
STREET ADDRESS 2023 Duneagle Lane
CITY-ST-ZIP Tallahassee FL 32311 ☒ Change ☐ Addition

TITLE VS
NAME motes, Kelly Crane
STREET ADDRESS 2023 Duneagle Lane
CITY-ST-ZIP Tallahassee FL 32311 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: David L Motes DAVID L MOTES, PRESIDENT 01/05/01 8902871226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)