

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90784 019 ***150.00

DOCUMENT # P99000043365

1. Entity Name
MOTES CONSULTING CORPORATION



Principal Place of Business
**2023 DUNEAGLE LANE
TALLAHASSEE FL 32311**

Mailing Address
**2023 DUNEAGLE LANE
TALLAHASSEE FL 32311**

2. Principal Place of Business
PO Box 844
Suite, Apt. #, etc.

3. Mailing Address
PO Box 844
Suite, Apt. #, etc.

City & State
Cordova TN
Zip
38088

Country
USA

City & State
Cordova TN
Zip
38088

Country
USA

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
2023 DUNEAGLE LANE
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name
Dan Holloway, CPA
Street Address (P.O. Box Number is Not Acceptable)
250 East Sixth Street
City
Tallahassee FL Zip Code **03 32308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

Dan Holloway, CPA
(NOTE: Registered Agent signature required when reinstating)

3-5-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
MOTES, DAVID
2023 DUNEAGLE LANE
TALLAHASSEE FL 32311** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
MOTES, KELLY CRANE
2023 DUNEAGLE LANE
TALLAHASSEE FL 32311** ☐ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
Motes, David
9941 Paddle Wheel Drive #102
Cordova TN 38016** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
Motes, Kelly Crane
9941 Paddle Wheel Drive #102
Cordova TN 38016** ☒ 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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-06-03 901-216-3965
Date Daytime Phone #