

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90088 004 ***158.75

DOCUMENT # **P 99000044684**

1. Entity Name

MOOREN MAIOS OF NORTH PORT & VENICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6165 DEMING AVE.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 7574

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH PORT, FL

Zip **34287**

Country **USA**

City & State

NORTH PORT, FL

Zip **34287**

Country **USA**

4. FEI Number

65-0922033

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

T & H CONTROLLERS, INC.

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

312 E. VENICE AVE.

SUITE 120

City

VENICE

FL

Zip Code

34292

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.28
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	DIRECTOR
NAME	JANE MARIE HAYES
STREET ADDRESS	6165 DEMING AVE.
CITY- ST- ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jane Marie Hayes**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02 ¹⁹⁴¹⁻ **426-4103**
Date Daytime Phone #