

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071564

1. Entity Name

MOM AND THE BOYS COMPANY, INC.

Principal Place of Business

Mailing Address

15305 HIDDEN ARBOR CT.
ODESSA FL 33556

15305 HIDDEN ARBOR CT.
ODESSA FL 33556-3157

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

59-3593420

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

STERN, RANDY K
220 S. FRANKLIN ST.
TAMPA FL 33602

Name

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

City

FL

Zip Code

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 re-registering)

(Date)

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

☐

FEI Number is \$150.00
Annual Report Fee will be \$500.00
State 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 ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
CATHERINE HENSLEY
15305 HIDDEN ARBOR CT
ODESSA, FL 33556

V/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SEAN HENSLEY
4105 N. LYNN AVE
TAMPA, FL 33603

S/T/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
MATTHEW HENSLEY
15305 HIDDEN ARBOR CT
ODESSA, FL 33556

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

813 926 2086

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90060 038 ***150.00



DO NOT WRITE IN THIS SPACE