

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075244

1. Entity Name

MOSSY POND ENTERPRISES, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90004 029 \*\*\*158.75

Principal Place of Business

Mailing Address

RT-1-BOX 307 PORTER-POND-ROAD  
ALTA FL 32421-9606

RT-1-BOX 307 PORTER POND-ROAD  
ALTA FL 32421-9606

2. Principal Place of Business

7745 Porter Grade Rd.

3. Mailing Address

7745 Porter Grade Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTA, FL

City & State

ALTA, FL

Zip

Country

32421-9606

US

Zip

Country

32421-9606

US

4. FEI Number

59-3594309

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

FALCON, C.A & SIDNEY MCDONALD  
RT 1 BOX 307 PORTER POND ROAD  
ALTA FL 32421-9606

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 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME *Pres & Secretary*  
STREET ADDRESS **FALCON, C.A.**  
CITY-ST-ZIP **R.R. 1 BOX 307**  
**ALTA FL 32421-9606**

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

TITLE ☐ Delete  
NAME *Vice Pres & Treasurer*  
STREET ADDRESS *Sidney D. McDonald*  
CITY-ST-ZIP *5258 Canyon Lane*  
**ALTA, FL 32421-9606**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*C. A. Falcon* **Arleau C. Falcon, Pres**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-24-01*

*850 762-3827*

Date

Daytime Phone #

CR2E034 (10/00)