

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082675

1. Entity Name

MOSH PROOF, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90056 026 ***155.00

Principal Place of Business

Mailing Address

219 12TH ST. EAST
BRADENTON FL 34208

219 12TH ST. EAST
BRADENTON FL 34208

2. Principal Place of Business

3. Mailing Address

208 29TH ST. NW.

208 29TH ST. NW.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

N/A

City & State
BRADENTON, FL.

City & State
BRADENTON, FL.

Zip
34205

Country
MANATEE

Zip
34205

Country
MANATEE



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0970221

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

THOMAS, LAWRENCE W
538 12TH ST. WEST
BRADENTON FL 34205

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MATHENY, DALE
313 IRIS ST.
ANNA MARIE FL 34216 ☐ Delete

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

TITLE
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☐ Delete

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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

Date

Daytime Phone #

DALE E. MATHENY

4/28/01 (941) 720-1373 (CELL)

CR2E034 (10/00)