

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000109555**1. Entity Name
MOMENTUM BUILDERS, INC.**FILED**
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90084 038 ***550.00

CUBA88
AVPrincipal Place of Business
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919
Mailing Address
1520 ROYAL PALM SQUARE BLVD., SUITE 360
FORT MYERS FL 33919**B0138062**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0968404**
Applied For ☒ Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****BOTTORFF, EMORY M**
1520-360 ROYAL PALM SO BLVD
FORT MYERS FL 33919**7. Name and Address of New Registered Agent**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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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	PDT BOTTORFF, EMORY 1520-360 ROYAL PALM SO BLVD FORT MYERS FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS ARNOLD, BOWEN A 1520-360 ROYAL PALM SO BLVD FORT MYERS FL 33919 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS BOTTORFF KAREN L. 1520-360 ROYAL PALM SO BLVD F.M. FL. 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/02

941 229 7133

CR2034 (4/02)

11.

Attachment

ADDITIONAL

#704527

ADDITIONS/CHANGES TO OFFICERS & DIRECTORS

TITLE - DIRECTOR

NAME - BILL DANIELS

STREET

ADDRESS - 4 LONESOME PINE TRAIL

CITY-ST-ZIP - YALAHUA, FL. 34797

TITLE - DIRECTOR

NAME - CHARLES KNIGHT

STREET

ADDRESS - 13 S. CANAL DRIVE

CITY-ST-ZIP - YALAHUA, FL. 34797

TITLE - DIRECTOR

NAME - ERIC BAIRD

STREET

ADDRESS - 22 E. BAY

CITY-ST-ZIP - YALAHUA, FL. 34797