

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90175 005 ***150.00

DOCUMENT # P99000111310
 1. Entity Name
6M ENTERPRISES, P.A.

Principal Place of Business Mailing Address
1377 DELTONA BLVD. **1377 DELTONA BLVD.**
SPRING HILL FL 34606 **SPRING HILL FL 34606**

2. Principal Place of Business 3. Mailing Address
631 NE 25th Ave
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Ocala, FL
 Zip Country Zip Country
34770



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3614759 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Name and Address of Current Registered Agent
MOSS, BRETT A
1377 DELTONA BLVD.
SPRING HILL FL 34606

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, BRETT A	NAME	
STREET ADDRESS	1377 DELTONA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, DARYL L	NAME	
STREET ADDRESS	1377 DELTONA BLVD.	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.O. Moss DC	NAME	
STREET ADDRESS	1377 Deltona Blvd	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, FL 34606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janece J. Moss	NAME	
STREET ADDRESS	1377 Deltona Blvd	STREET ADDRESS	
CITY-ST-ZIP	Spring Hill, FL 34606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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: _____ Date: **4/26/00** Daytime Phone #: **352 620 8034**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)