

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90079 023 ***150.00

DOCUMENT # P99000111310

1. Entity Name

6M ENTERPRISES, P.A.

Principal Place of Business

**631 NE 25TH AVE
OCALA FL 34770**

Mailing Address

**1377 DELTONA BLVD.
SPRING HILL FL 34606**

2. Principal Place of Business

631 N.E. 25TH AVENUE

Suite, Apt. #, etc.

3. Mailing Address

631 N.E. 25TH AVENUE

Suite, Apt. #, etc.

City & State
OCALA, FL

Zip
34470

Country

City & State
OCALA, FL

Zip
34470

Country

4. FEI Number **59-3614759**

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

**MOSS, BRETT A
1377 DELTONA BLVD.
SPRING HILL FL 34606**

Name
MOSS, BRETT A.

Street Address (P.O. Box Number is Not Acceptable)
631 N.E. 25TH AVENUE

City
OCALA

FL

Zip Code
34470

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/01

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 **D** ☐ Delete
NAME **MOSS, BRETT A**
STREET ADDRESS **1377 DELTONA BLVD.**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **D** ☒ Change ☐ Addition
NAME **MOSS, BRETT A.**
STREET ADDRESS **631 N.E. 25TH AVENUE**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete
NAME **MOSS, DARYL L**
STREET ADDRESS **1377 DELTONA BLVD.**
CITY-ST-ZIP **SPRING HILL FL 34606**

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

TITLE **DC** ☐ Delete
NAME **MOSS, C**
STREET ADDRESS **1377 DELTONA BLVD**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **P/T** ☒ Change ☐ Addition
NAME **MOSS, C.O.**
STREET ADDRESS **1377 DELTONA BLVD.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

TITLE **D** ☐ Delete
NAME **MOSS, JANECE J**
STREET ADDRESS **1377 DELTONA BLVD**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE **VP/S** ☒ Change ☐ Addition
NAME **MOSS, JANECE J.**
STREET ADDRESS **1377 DELTONA BLVD.**
CITY-ST-ZIP **SPRING HILL, FL 34606**

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
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: *[Signature]* **BRETT A. MOSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/01

CR2E034 (10/00)