

2001 UNIFORM BUSINESS REPORT (UBR)

03-28-2001 90002 010 ****61.25

DOCUMENT # P99000111310 **AMENDED.**

1. Entity Name

6M ENTERPRISES, P.A.

FILED

01 MAR 28 PM 12:15

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business 631 N.E. 25TH AVE. OCALA, FL 34470	Mailing Address 631 N.E. 25TH AVE. OCALA, FL 34470
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3614759

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOSS, BRETT A.
631 N.E. 25TH AVE.
OCALA, FL 34470**

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

3/23/01

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/VP	<input type="checkbox"/> Delete
NAME MOSS, BRETT A.	
STREET ADDRESS 631 N.E. 25TH AVE.	
CITY-ST-ZIP OCALA, FL 34470	
TITLE D	<input type="checkbox"/> Delete
NAME MOSS, DARYL L.	
STREET ADDRESS 1377 DELTONA BLVD.	
CITY-ST-ZIP SPRING HILL, FL 34606	
TITLE P/T	<input type="checkbox"/> Delete
NAME MOSS, C.O.	
STREET ADDRESS 1377 DELTONA BLVD.	
CITY-ST-ZIP SPRING HILL, FL 34606	
TITLE VP/S	<input type="checkbox"/> Delete
NAME MOSS, JANECE J.	
STREET ADDRESS 1377 DELTONA BLVD.	
CITY-ST-ZIP SPRING HILL, FL 34606	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other like empowered.

SIGNATURE:

BRETT A. MOSS

Date

Daytime Phone #

3/23/01

CR2E034 (11/00)

3/28