

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90013 036 ***150.00

DOCUMENT # S72417

1. Entity Name
MC DONALD - MOODY ENTERPRISES, INC.

Principal Place of Business 717 S.E. 38TH AVENUE OCALA FL 34471-3039 US	Mailing Address 717 S.E. 38TH AVENUE OCALA FL 34471-3039 US
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00032715



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 720 SW 17 ST	3. Mailing Address 720 SW 17 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State OCALA, FL	City & State OCALA, FL	4. FEI Number 59-3074519	Applied For <input type="checkbox"/> Not Applicable
Zip 34474	Country US	Zip 34474	Country US

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~~

MOODY, FRANK M.
717 S.E. 38TH AVENUE
OCALA FL

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOODY, SUSAN M. 717 SE 38TH AVENUE OCALA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 like empowered.

SIGNATURE Susan M Moody Susan M Moody 11/6/01 352-690-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)