

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2001 08:00 AM
Secretary of State

DOCUMENT # M96344
 1. Entity Name
 T.B. OF STARKE, INC.

Principal Place of Business 808 S WALNUT	Mailing Address 1524 COMMERCE BLVD
STARKE FL 32091	LAKE CITY US FL 32025

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-2907368	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MOSES, MICHAEL C.
 1524 COMMERCE BLVD

 LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name
 MOSES MICHAEL C
 Street Address (P.O. Box Number is Not Acceptable)
 1524 COMMERCE BLVD

 City LAKE CITY FL Zip Code 32025

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 MIKE MOSES DATE 01/19/2001
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSES, PHILIP J., JR. <input type="checkbox"/> Delete 1421 S FIRST ST LAKE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, STEPHEN A. <input type="checkbox"/> Delete 101 EAST MADISON ST LAKE CITY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSES, MICHAEL <input type="checkbox"/> Delete 1524 COMMERCE BLVD LAKE CITY FL 32025
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOSES PHILIP JJR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1421 S FIRST ST LAKE CITY FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH STEPHEN A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 EAST MADISON ST LAKE CITY FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSES MICHAEL C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1524 COMMERCE BLVD LAKE CITY FL 32025
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 like empowered.

SIGNATURE: Mike Moses Pres Date 01/19/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)