

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90154 023 ***150.00

DOCUMENT # K48995

1. Entity Name
MOORE GARNER GRAVES, INC.

Principal Place of Business 499 N ST RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 US	Mailing Address 499 N ST RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2927739	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HOLLINGSWORTH, GEORGE R II
 499 N ST RD 434
 SUITE 2179
 ALTAMONTE SPRINGS FL 32714**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, B. J. 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARNER, JOHN MICHAEL 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLINGSWORTH, GEORGE R II 499 N SR 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRACY S. STEIN 499 N SR 434, SUITE 2179 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVERLY GARNER GRAVES 499 N ST 434, SUITE 2179 ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 titles empowered.

SIGNATURE: George R Hollingsworth II Date 1/18/01 Daytime Phone # 407-862-9560

CR2E034 (10/00)