

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90262 001 *1,200.00

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2927739		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
HOLLINGSWORTH, GEORGE R II 499 N ST RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714				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 _____ 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. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, B. J.			NAME			
STREET ADDRESS	499 N SR 434 SUITE 2179			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARNER, JOHN MICHAEL			NAME			
STREET ADDRESS	499 N SR 434 SUITE 2179			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLINGSWORTH, GEORGE R II			NAME			
STREET ADDRESS	499 N SR 434 SUITE 2179			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEIN, TRACY			NAME			
STREET ADDRESS	499 N SR 434 SUITE 2179			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAVES, BEVERLY			NAME			
STREET ADDRESS	499 N ST 434 SUITE 2179			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  **1/17/02** **407-862-8600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)