## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K48995**

1. Entity Name

MOORE GARNER GRAVES, INC.



## FILED Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90156 021 \*\*\*150.00

Mailing Address   Mailing Ad					7			
Surie, Apt. #, etc.  Surie, Ap	499 N ST RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714		499 N ST RD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714					
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Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
Fig. Required Agent  HOLLINGSWORTH, GEORGE R II  499 N ST RD 434  SUITE 2179  ALTAMONTE SPRINGS FL 32714  City  FL  City  FL  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 Fiorida. I am familiar with, and accept the origination of registered agent and tine if applicable.  FILE NOW!!! FEE IS \$150.00  Alter May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITILE  DV  MOORE, B. J.  WALTAMONTE SPRINGS FL 32714  DV  MOORE, B. J.  ALTAMONTE SPRINGS FL 32714  DV  MORE GARNER, JOHN MICHAEL  SIMET ADDRESS  ALTAMONTE SPRINGS FL 32714  DV  Delete  TILE  DV  Delete  DELETIONESS  SITECT ADDRESS  DITY-ST-2P  ALTAMONTE SPRINGS FL 32714  Delete  TILE  D  Delete  Delete  TILE  D  Delete  Delete  TILE  D  Delete  DELETIONESS  SITECT ADDRESS  DITY-ST-2P  ALTAMONTE SPRINGS FL 32714  Delete  Delete  TILE  D  Delete  DELETIONESS  SITECT ADDRESS  DITY-ST-2P  ALTAMONTE SPRINGS FL 32714  DELETIONESS  DITY-ST-2P  ALTAMONTE SPRINGS FL 32714  DELETIONESS  DITY-ST-2P  ALTAMONTE SPRINGS FL 32714  DELETIONESS  SITECT ADDRESS  DITY-ST-2P  ALTAMONTE SPRINGS FL 32714  DELETIONESS  SITECT ADDRESS  DITY-ST-2P  ALTAMONTE SPRINGS FL 32714  DELETIONESS  DELETIONESS  DELETIO	City & State		City & State		4	59-2927739		
B. Name and Address of Current Registered Agent  HOLLINGSWORTH, GEORGE R II  499 N ST RD 434  SUITE 2179  ALTAMONTE SPRINGS FL 32714  City  FL  Zip Code  Defendable or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registeriod agent.  Signature yiper a registered agent and tief a sectionals.  WOTE: Registered Agent signature recurred where reinvalurely  After May 1, 2003 Fee will be \$55,0.00  Make Check Payable to Florida Department of State  10.  OFFICIERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E  MOORE, B. J.  WORLE AGENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  III.E  DV  OFFICIERS AND DIRECTORS  ALTAMONTE SPRINGS FL 32714  Delete  TILE  DV  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  STO  ALTAMONTE SPRINGS FL 32714  TILE  STEEL AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  Delete  TILE  STEEL AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  STEEL AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE  D  ORABIET AUDRESS  OTH-S1-Zip  ALTAMONTE SPRINGS FL 32714  TILE	Zip	Country	Zip	Country	5	5. Certificate of Status Desired	\$8.75 Add	ditional ed
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12. 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 poort 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 of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a profession of the corpowered.

SIGNATURE:

2(coxtbA //21/03 407-561-250 Date Daylime Phone # CR2E034 (10/02)