

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90099 046 \*\*\*150.00

**DOCUMENT # V74301**

1. Entity Name

**MOORE COASTAL ENGINEERING, P.A.**

Principal Place of Business

Mailing Address

10641 AIRPORT ROAD, NORTH  
 SUITE 29  
 NAPLES FL 34109  
 US

10641 AIRPORT ROAD, NORTH  
 SUITE 29  
 NAPLES FL 34109-7330  
 US

2. Principal Place of Business

**10661 AIRPORT ROAD, NORTH**

3. Mailing Address

**10661 AIRPORT ROAD, NORTH**

Suite, Apt. #, etc.

**SUITE 14**

Suite, Apt. #, etc.

**SUITE 14**

City & State

**NAPLES, FL**

City & State

**NAPLES, FL**

4. FEI Number

**65-0368112**

Applied For

Not Applicable

Zip

**34109**

Country

**US**

Zip

**34109**

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, BRETT D**  
**10641 AIRPORT ROAD, NORTH**  
**SUITE 29**  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**10661 AIRPORT ROAD, NORTH**

**SUITE 14**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MOORE, BRETT</b>	
STREET ADDRESS	<b>1-641 AIRPORT ROAD, NORTH, SUITE 29</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>10661 AIRPORT ROAD, NORTH, SUITE 14</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34109</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Brett Moore*  
**BRETT D. MOORE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-17-00**

Date

**941-594-2021**

Daytime Phone #

CR20014 (9/99)