

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2002 8:00 am**  
**Secretary of State**

01-23-2002 90011 024 \*\*\*158.75

**DOCUMENT # 253736**  
 1. Entity Name  
**A & M BROKERAGE CO., INC.**

Principal Place of Business      Mailing Address  
**1250 MAN-O-WAR DR**      **1250 MAN-O-WAR DR**  
**DELAND FL 32724**      **DELAND FL 32724**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**7530 ST. Rd 207**      **7530 ST. Rd 207**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**ELKTON, FL**      **ELKTON, FL**  
 Zip      Country      Zip      Country  
**32033**      **ST. JOHNS**      **32033**      **ST. JOHNS**

4. FEI Number      Applied For  
**59-1028181**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**EDWIN A MOYER JR**  
**1250 MAN-O-WAR DR**  
**DELAND FL 32724**

7. Name and Address of New Registered Agent  
 Name **Edwin A. MOYER JR**  
 Street Address (P.O. Box Number is Not Acceptable) **7530 ST. Rd 207**  
 City **ELKTON**      FL      Zip Code **32033**

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, 2002 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	<b>ST MOYER, GEORGANNE</b> 1250 MAN-O-WAR DR DELAND FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOYER, E. A. JR.</b> 1250 MAN-O-WAR DR DELAND FL <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
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	<b>ST GEORGANNE MOYER</b> 7530 ST Rd 207 ELKTON, FL 32033 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P E.A. MOYER JR.</b> 7530 ST Rd 207 ELKTON, FL 32033 <input checked="" 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
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: Edwin A. Moyer JR      Date 07/JAN/2002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone # 8882612528

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CR2E034 (9/01)