2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

340177

1. Entity Name

MOORE BUSINESS SERVICE, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91355 044 ***150.00

THE STA

Principal Place of Business 1701 S. FLORIDA AVENUE LAKELAND FL 33803-2262 US		Mailing Address P.O. BOX 2242 LAKELAND FL 33806-2242 US				
2. Principal Place of Business		3. Mailing Address			ii B(B() 0(B() B)B() (B9)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-1230092	Applied For Not Applicable	
Zip	Country	Zip	Country		75 Additional Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	Name		
MOORE, S 1701 S. F LAKELANI	LORIDA AVENUE	Street Addr		ess (P.O. Box Number is Not Acceptable)		
	D FL 33803		City	FL Z	ip 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICER'S AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wilson, Bickley 1701 S. Florida Avenue Lakeland Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. <u> </u>	Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, S A, JR 1701 S. FLORIDA AVENUE LAKELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GOLDEN, F.O. 1701 S. FLORIDA AVENUE LAKELAND FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange (Addition)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	c	hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		hange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		hange Addition	

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-18-03

863-688-4060 x213