

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90136 011 \*\*\*158.75

**DOCUMENT # 387807**

1. Entity Name  
**JACK MOORE & COMPANY, INC.**

Principal Place of Business

**6008 MONTGOMERY AVE  
P.O. BOX 37010  
PENSACOLA FL 32526-1326**

Mailing Address

**6008 MONTGOMERY AVE  
P.O. BOX 37010  
PENSACOLA FL 32526-1326**

2. Principal Place of Business

**6013 MONTGOMERY AVE**

3. Mailing Address

**P.O. BOX 37010**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PENSACOLA, FLORIDA**

City & State

**PENSACOLA FLORIDA**

Zip

Country

**32526**

**USA**

Zip

Country

**32526**

**USA**

4. FEI Number

**59-1351932**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, WM. JACKIE  
2732 PLEASANT VALLEY DRIVE  
CANTONMENT FL 32533**

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	MOORE, WM. JACKIE	
STREET ADDRESS	2732 PLEASANT VALLEY DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, ELIZABETH M	
STREET ADDRESS	2732 PLEASANT VALLEY DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BAUMERT, KEATON C	
STREET ADDRESS	2320 JACKS BRANCH RD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARNARD, MONICA D	
STREET ADDRESS	3440 SCHIFKO ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	S	<input type="checkbox"/> Delete
NAME	BAUMERT, MICKI M	
STREET ADDRESS	2320 JACKS BRANCH ROAD	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	B	<input type="checkbox"/> Delete
NAME	BARN	
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNARD, WILLIAM H. JR.	
STREET ADDRESS	3440 SCHIFKO ROAD	
CITY-ST-ZIP	CANTONMENT, FLORIDA 32533	

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: *Micki M. Baumert* **MICKI M. BAUMERT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

850-944-5514

Daytime Phone #

CR2E034 (9/01)