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

## **DOCUMENT #** 387807

JACK MOORE & COMPANY, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90123 008 \*\*\*158.75

_

				WE TO			
Principal Place of Business 6008 MONTGOMERY AVE PENSACOLA FL 32526-1326  PENSACOLA FL 32526-1326  Mailing Address P.O. BOX 37010 PENSACOLA FL 32526-1			-1326				
						) i <mark>dati a</mark> tan aran ar	AN AND CHOICE BEACH TO BE
6013	al Place of Business Mortgomery Ave	3. Mailing Address					
Suite, A	pt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE I	IF MAKING CHA	ANGES
City & S	tate da, Florida	City & State			A EEI Number		
Zip				59-1351932		Applied For Not Applicable	
<u> 352,29</u>		Zip	Countr	у	5. Certificate of Status Desired	\$8.7	75 Additional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re		Required
MOORE	WM. JACKIE			Name		great Agein	
2732 PL	Easant valley drive			Street Address (F	P.O. Box Number is Not Acceptable)		
CANTON	MENT FL 32533						
				City		FL Z	ip Code
the above	ve named entity submits this statement for ations of registered agent.	the purpose of changing it	s registered	office or registere	ed agent, or both, in the State of Flori	da. I am familia	er with and accept
İ							and decept
SIGNATURE	Signature, typed or printed name of registered agent ar	d title if applicable. (NO	TE: Registered A	gent signature required v	ribao rafinalati - V		
	FILE NOW!!! FEE IS \$150.00		<del>-</del>		risa remistating)	DATE	
Afte	er May 1, 2003 Fee will be \$550.00				9. Election Campaign Finar	ncing	\$5.00 May Be
10.	k Payable to Florida Department of	i			Trust Fund Contribution.		Added to Fees
TITLE	PD OFFICERS AND D	Delete	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 11
NAME	MOORE, WM. JACKIE	☐ Delete	TITLE NAME			☐ Ch	hange 🔲 Addition
STREET ADDRESS CITY-ST-ZIP	2732 PLEASANT VALLEY DR CANTONMENT FL 32533		STREET A	DDRESS			
TITLE	D		CITY-ST-	ZIP			1
NAME	MOORE, ELIZABETH M	☐ Delete .	TITLE NAME			☐ Ch	nange
STREET ADDRESS CITY-ST-ZIP	2732 PLEASANT VALLEY DR		STREET AL	DDRESS			1
TITLE	CANTONMENT FL 32533		CITY-ST-	ZIP			1
NAME	BAUMERT, KEATON C	☐ Delete	TITLE NAME			☐ Cha	ange Addition
STREET ADDRESS CITY-ST-ZIP	2320 JACKS BRANCH RD		STREET AD	ORESS			
TITLE	CANTONMENT FL 32533		CITY-ST-2	TIP			
NAME	BARNARD, MONICA D	☐ Delete	TITLE			☐ Cha	inge
STREET ADDRESS	3440 SCHIFKO ROAD		NAME STREET AD	DRESS			
	CANTONMENT FL 32533		CITY-ST-Z	· ·			
TITLE NAME	S BAUMERT, MICKI M	☐ Delete	TITLE			☐ Char	nge 🔲 Addition
STREET ADDRESS	2320 JACKS BRANCH ROAD		NAME Street ade	10500			age Macriful
CITY-ST-ZIP	CANTONMENT FL 32533		CITY-ST-ZI	•			1
	D RADNADD WILLIAM II ID	☐ Delete	TITLE				nge 🔲 Addition
STREET ADDRESS	Barnard, William H Jr 3440 Schifko RD		NAME				Age T Angition
	CANTONMENT FL 32533		STREET ADD				
12. Thereby ce	ertify that the information available to the						

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

1/6/03

850-944-5514

CR2E034 (10/02)