

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 420423

1. Entity Name

MOORE INTERNATIONAL TRUCKS, INC.

Principal Place of Business

3030 HWY 27N  
DAVENPORT FL 33837  
US

Mailing Address

PO BOX 1566  
HAINES CITY FL 33845-1566  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MOORE, RONALD R.  
3030 H26 27N  
DAVENPORT FL 33837

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

*Ronald R Moore*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/2000

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	PT	<input type="checkbox"/> Delete
NAME	MOORE, RONALD R	
STREET ADDRESS	SANDERS RD	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOORE, MICHAEL N.	
STREET ADDRESS	GOLF COURSE PKWY	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOORE, MARY LOU	
STREET ADDRESS	SANDERS ROAD	
CITY-ST-ZIP	DAVENPORT FL	
TITLE	AT	<input type="checkbox"/> Delete
NAME	MOORE, MARY LOU	
STREET ADDRESS	SANDERS RD	
CITY-ST-ZIP	DAVENPORT, FL 00000	
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 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	<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:

*Ronald R Moore* Ronald R Moore 1/25/2000 863-424-2411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90202 010 \*\*\*150.00

LUU10701



DO NOT WRITE IN THIS SPACE