

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90148 009 ***150.00

DOCUMENT # 443047

1. Entity Name
MOORE, EPSTEIN, MOORE, INC.



Principal Place of Business
**3102 N HABANA AVE
SUITE 200
TAMPA FL 33607**

Mailing Address
**3102 N HABANA AVE
SUITE 200
TAMPA FL 33607**



2. Principal Place of Business

4830 W Kennedy Blvd
Suite, Apt. #, etc.
#340

3. Mailing Address

4830 W Kennedy Blvd
Suite, Apt. #, etc.
340

☐ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number
59-1510223

Applied For
☐ Not Applicable

Zip Country
33609 USA

Zip Country
33609 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, MARIANNE A
3102 N. HARBOR AVENUE #200
TAMPA FL 33607**

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. 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

1-27-03

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. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	EPSTEIN, JAMES H	
STREET ADDRESS	3102 N HABANA AVE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, TED G	
STREET ADDRESS	3102 N HABANA AVE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MOORE, MARIANNE A	
STREET ADDRESS	3102 N HABANA AVE, SUITE 200	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

1-27-03

813-286-6500

CR2E034 (10/02)