

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90294 012 \*\*\*150.00

**DOCUMENT # 591797**

1. Entity Name  
**R.C. MOORE, INC.**

Principal Place of Business  
**NINE WILDROSE LANE**  
**SCARBROUGH ME 04074**

Mailing Address  
~~P.O. BOX 1210~~  
**SCARBROUGH ME 04070**  
**US**

2. Principal Place of Business

3. Mailing Address

**8 GINN Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**SCARBOROUGH MAINE**

4. FEI Number  
**01-0278035**

Applied For  
☐ Not Applicable

Zip

Country

Zip  
**04074**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, L.E.**  
**1029 W. MAGNOLIA ST**  
**LEESBURG FL 32748**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
NAME **MOORE, RICHARD C**  
STREET ADDRESS **9 WILDROSE LANE**  
CITY-ST-ZIP **SCARBOROUGH ME**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **MOORE, DIANNE**  
STREET ADDRESS **9 WILDROSE LANE**  
CITY-ST-ZIP **SCARBOROUGH ME**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **COHEN, SAMUEL G**  
STREET ADDRESS **MAIN ST P.O. BOX 366 N/A**  
CITY-ST-ZIP **WALDOBORO ME**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MOORE, KELLY**  
STREET ADDRESS **P.O. BOX 1210**  
CITY-ST-ZIP **SCARBOROUGH ME 04074**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **8 GINN Rd**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **MOORE, SHAWN**  
STREET ADDRESS **20 HORSESHOE DRIVE**  
CITY-ST-ZIP **SCARBOROUGH ME 04074**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
**Kelly Moore**

**Kelly Moore**

**4-9-02**

**207-883-5184**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)