## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 28, 2001 8:00 am Secretary of State **DOCUMENT # 698052** 1. Entity Name DAN MOORE INVESTMENTS, INC. 03-28-2001 90212 022 \*\*\*150.00 Mailing Address Principal Place of Business 4026 HENDERSON BLVD 4026 HENDERSON BLVD TAMPA FL 33629 **TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2664268 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ~~~~ 6. Name and Address of Current Registered Agent Name MOORE, DANIEL F. Street Address (P.O. Box Number is Not Acceptable) 4026 HENDERSON BLVD **TAMPA FL 33629** Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITI F NAME MOORE, DANIEL F NAME STREET ADDRESS STREET ADDRESS 4026 HENDERSON BLVD CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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.

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

☐ Delete

SIGNATURE: Daniel F. Moore, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

STREET ADDRESS

anily pare 36

813-289-4200

ytime Phone #

Change

☐ Addition