

2002 UNIFORM BUSINESS REPORT (UBR)

0006108 AT

DOCUMENT # A97000000126

1. Entity Name

MOORE SALES AND SERVICE, LTD.

FILED

02 JAN 18 PM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

4025 N. MAIN STREET
GAINESVILLE FL 32609

Mailing Address

3919 PHILIPS HWY.
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3418468

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DURAND, JONATHAN B
4025 N. MAIN STREET
GAINESVILLE FL 32609

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.

DATE

9. Capital Contributions
as Shown on record.

\$900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P97000000878
NAME MOORE SALES AND SERVICE, INC.
STREET ADDRESS 4025 N. MAIN STREET
CITY-ST-ZIP GAINESVILLE FL 32609-1498

STREET ADDRESS

3919 Philips Hwy

CITY-ST-ZIP

JACKSONVILLE, FL 32207

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Signature of Arian H Morrison
ARIAN H MORRISON

1/16/02 904-733-1616
Date Daytime Phone #

CR2E003 (9/01)