2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # F89906 1. Entity Name 03-06-2002 90124 042 ***150.00 MOORE ROAD CONTRACTING, INC. Principal Place of Business Mailing Address C/O LEONARD V. MOORE C/O LEONARD V. MOORE P O BOX 6006 P O BOX 6006 STARKE FL 32091 STARKE FL 32091 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2216243 Not Applicable Zip Country Zip Country \$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, LEONARD V JR Street Address (P.O. Box Number is Not Acceptable) 1327 BESSENT ROAD STARKE FL 32901 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE □ Delete TITLE MOORE, LEONARD V. NAME NAME STREET ADDRESS STREET ADDRESS 1327 BESSENT ROAD CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 ☐ Change ☐ Addition TITI F ST ☐ Delete TITLE NAME NAME MOORE, CINDY B STREET ADDRESS STREET ADDRESS 1327 BESSENT RD. CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 ___Change Addition_ Delete TITLE TITLE NĀME MOORE, CASEY'L NAME STREET ADDRESS 1327 BESSENT RD STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Monet OLEOnard V. Moore Ja-

FILED