## 2003 FOR PROFIT CORPORATION

## Feb 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # F89906 1. Entity Name 02-24-2003 90187 018 \*\*\*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. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2216243 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOORE, LEONARD V JR Street Address (P.O. Box Number is Not Acceptable) 1327 BESSENT ROAD STARKE FL 32901 City 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 FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MOORE, LEONARD V. NAME STREET ADDRESS 1327 BESSENT ROAD STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME MOORE, CINDY B NAME STREET ADDRESS STREET ADDRESS 1327 BESSENT RD. CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 ☐ Delete TITLE Change ☐ Addition NAME MOORE, CASEY L NAME STREET ADDRESS 1327 BESSENT RD STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

EQUEBREDI V. Moore 5r-**SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

Change

☐ Addition

FILED