

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G89507

1. Entity Name

MOORE & FREDERICKSON, P. A.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90256 046 ***150.00

Principal Place of Business

Mailing Address

N. 12TH AVE.
PENSACOLA FL 32501

800 N. 12TH AVE.
PENSACOLA FL 32501-3303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2373819

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

FREDERICKSON, ROSEMARY K.
800 N. 12TH AVE.
PENSACOLA FL 32501

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, 2000 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 STD
NAME MOORE, ANNISE W.
STREET ADDRESS 762 CONNELL DRIVE
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE PD
NAME FREDERICKSON, ROSEMARY K
STREET ADDRESS 1959 FOULIS DRIVE
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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: Rosemary Frederickson Rosemary Frederickson 4/12/00 850-438-0771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)