DOCUMENT # H41158  1. Entity Name J. RICHARD MOORE, P.A.					<b>/</b>	Secretary of State 09-13-2001 90004 015 ***550.00	OZ AV
Principal Plac % J. RICHAR 500 N. OCEA JACKSONVILL	N ST.		Mailing Address  * J. RICHARD MOORE  500 N. OCEAN ST.  JACKSONVILLE FL 32202			\$ 7 8 3 <b>3</b> 6	
2. Principal P	lace of Business PRIENTAL GAR #, etc.	P.D.	3. Mailing Address  **FOLDRIEW TAL  Suite, Apt. #, etc.	GARDEN		DO NOT WRITE IN THIS SPACE	
SHEIK	sonoile, Flon	DA	SACKSONUILL	e, Flori	DA A	4. FEI Number 59-2492178 Applied For Not Applicable	
3220	DUVA		32207	SUNAL		5. Certificate of Status Desired S8.75 Additional Fee Required	
MOORE, 500 N. O	Current ne	gistered Agent	City	MOO ddress (P.O BRIE	A Richard D. Box Number is Not Acceptable)  Solving FL Zip Code & 7  Solving Code & 7  Solving Code & 7	•	
8. The above SIGNATURE	Idintra	eD	e purpose of changing its re	gistered office or	registered	agent, or both, in the State of Florida.	,
Tax filing r	oration is eligible to satisfy its le requirement and elects to do s ria on back)	ntangible 🤻	<u> </u>	FEE IS \$550.0 2001 Fee will b	00 e \$750.00	10 Flaction Compaign Financian	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, J. RICHARD 500 N. OCEAN ST. JACKSONVILLE FL	RS AND DIF	ECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  PORE, J. RICHARD Trange Addition  ORIENTAL GARDENS Rd,  SENO 1/2 FL 32207	CR2E034 (5/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~ -		. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change: ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP- ☐ Change

Daytime Phone #

☐ Addition

TITLE

NAME

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.

Delete

2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

TITLE

NAME