2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92451

1. Entity Name

G. MOORE ENTERPRISES, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90469 050 ***150.00

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	ce of Busines	SS		ng Address								
2325 ALMOR SUITE 2	HUAU			ALMORTON ROAD								
CLEARWATE!	D E1 22762		SUIT									
US	n FL 33/62			ARWATER FL 33762								
	Place of Busin	2000	US	ilian Addin								
2. Principal Place of Business 2325 LilmerTon Road				3. Mailing Address Same				1 1001411 4118 19419 11814 81081 \$4181	***************************************	** #3 # ()	01811 B1911 1881	
Suite, Apt	•		Sui	ite, Apt. #, etc.				☐ CHECK HEDE IS	MAKING A	CHANCE		
Suite 2								☐ CHECK HERE IF MAKING CHANGES				
CleaewaTer Florida				City & State				4. FEI Number 59-2618299			pplied For ot Applicable	
Zip 3376	62 Pivellas		Zip	Zip Cou		ntry		. Certificate of Status Desired		8.75 Ad	ditional	
	and Address of Curre	ed Agent				7. Name and Address of New Registered Agent						
						Name	"			,		
Bryan, V	N.E.			Charact Audit				,				
	ELCHER RO			Street Address			ss (P.O.	P.O. Box Number is Not Acceptable)				
CLEARWA	ATER FL 34	625										
···						City			FL	Zip Coc		
8. The above the obligation	e named entity tions of regist	y submits this statement ered agent.	for the purp	oose of changing its	registere	ed office or regis	stered a	agent, or both, in the State of Florid	da. I am far	miliar with,	and accept	
SIGNATURE		or printed name of registered age	ot and title if an	nicable /MATE	- Panistaras	d Agent signature requ						
			in disc in up)	14012		Agent signature requ	Jireu wnen	reinstating)	DATE			
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department						Election Campaign Finar Trust Fund Contribution.	ncing		0 May Be	
10.		OFFICERS AN		l DRS	11.			DDITIONS (OLIANOPS TO OFFICE	550 AMB 5			
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12. I hereby c	ertify that the	information supplied wit	h this filing	does not qualify for t	the exem	ption stated in S	Section	119.07(3)(i), Florida Statutes. I fur	ther certify	that the in	formation	

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 10 or Block 11 if the corporation of the corporation or an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRESIDENT

01-08-03

727-573-4528

Daytime Phone #