

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90817 045 ***150.00

0373943 AV

DOCUMENT # J45720

1. Entity Name
BERNARD T. MOYLE, P.A.



Principal Place of Business
% BERNARD T. MOYLE
ONE FINANCIAL PLAZA, STE. 1600
FT LAUDERDALE FL 33304-1607
US

Mailing Address
% BERNARD T. MOYLE
ONE FINANCIAL PLAZA, STE. 1600
FT LAUDERDALE FL 33304-1697
US



2. Principal Place of Business
1875 SW 4th Ave
Suite, Apt. #, etc.
C-6

3. Mailing Address
1875 SW 4th Ave
Suite, Apt. #, etc.
C-6

CHECK HERE IF MAKING CHANGES

City & State
Delray Beach FL
Zip
33444
Country
USA

City & State
Delray Beach FL
Zip
33444
Country
USA

4. FEI Number **59-2742943**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MOYLE, BERNARD T.
~~**ONE FINANCIAL PLAZA**~~
~~**SUITE 1602**~~
~~**FT LAUDERDALE FL 33304-1697**~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1875 SW 4th Ave
C-6
City **Delray Beach FL** Zip Code **33444**

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.

Bernard T. Moyle

4-26-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS
TITLE **DP** Delete
NAME **MOYLE, BERNARD T.**
STREET ADDRESS **ONE FINANCIAL PLAZA 1875 SW 4th Ave C-6**
CITY-ST-ZIP **FT LAUDERDALE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Change Addition
NAME
STREET ADDRESS **1875 SW 4th Ave C-6**
CITY-ST-ZIP **Delray Beach FL 33444**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard T. Moyle 3-26-03 561 278-9617

Date

Daytime Phone #

CR2E034 (10/02)