## **2002 UNIFORM BUSINESS REPORT (UBR)**

Secretary of State  1. Edity Name  1	2002 UNIFORM BUSINESS REPORT (UBR)						FILED Feb 20, 2002 8:00 am			
## STREET AND CONTROL OF PLANT BEACH FL SAMS    Control of Prisoners   Control of Control o	DOCUMENT # L77107					Secretary of State				
CO CARRES & GWYNN  10 S ETH AVEF BELRAY BEACH FL 30483  2. Fyriopial Place of Boarness  CLD DOSEPH P. MOONE  3. Nating Address S  Suite, Apt. 4, etc.  DO NOT Writte In This SPACE  Account for State of School Space of School Spa	•		NC.							
CO CARRES & GWYNN  10 S ETH AVEF BELRAY BEACH FL 30483  2. Fyriopial Place of Boarness  CLD DOSEPH P. MOONE  3. Nating Address S  Suite, Apt. 4, etc.  DO NOT Writte In This SPACE  Account for State of School Space of School Spa	Principal Plac	re of Business	Mailing Address							
101 SE 6TH AVE F 102 SERVE BLANK PEROM FL 39483 US 2. Pryropa Pisce of Business C/O Joseph P. Moorut Suita, Apt 4 disc C/O Joseph P. Moorut Suita, Apt 4 discuss (P.O. Bux Number is Not Acceptable)  INST Address (P.O. Bux Number is Not Acceptable)  INST Ad	<b>3</b>					Ì				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Do NOT WRITE IN THIS SPACE	•									
Applied For   Suite, April #, New   Applied For   Suite, A										
Suite, Apl II and DON'T WRITE IN THIS SPACE    Suite										
City & State  City & State  City State  Street Address of Current Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Atter May 1, 2002 Fee will be \$550.00  Atter May 1, 2002 Fee will be \$550.00  Atter May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  MORE, JOSEPH P  Inter Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  Zip Code  Atter May 1, 2002 Fee will be \$550.00  Make Check Payable to Department of State  Street Address (P.O. Box Number is Not Acceptable)  DATE  DATE  DATE  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N 11  Change Address (P.O. Box Number is Not Acceptable)  DATE  Street Address (P.O. Box Number is Not Acceptable)  DATE  DAT	Suite Apt # etc									
S. Ochrinace of Status Usered  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  NORE, JOSEPH P  101 SE 6TH AVE, STE F  DELRAY BEACH FL 33483  City  FL Zip Code  8. The above named entity submits it is statement for the purpose of changing its registered agent, or both, in the Status of Florida.  SIGNATURE  8. The above named entity submits it is statement for the purpose of changing its registered agent, or both, in the Status of Florida.  SIGNATURE  8. This above named entity submits it is statement for the purpose of changing its registered agent or registered agent, or both, in the Status of Florida.  SIGNATURE  8. This above named entity submits it is statement for the purpose of changing its registered agent or registered agent, or both, in the Status of Florida.  SIGNATURE  8. This above named entity submits it is statement for the purpose of changing its registered agent	City & Stat	te	City & State	e			El Number <b>65-0199595</b>		<del></del>	
S. Name and Address of Current Registered Agent    Name			Zip	Country	/	5. 0	Certificate of Status Desired			
MOORE, JOSEPH P 101 SE 6TH AVE, STE F DELRAY BEACH FL 33483  City FL Zip Code  8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  Signature:  Signature:  9. This corporation is eligible to satisfy its Intangible Tale filing requirement and elects to do so   After May 1, 2002 Fee will be \$500.00 Make Check Payable to Department of State  9. This corporation is oligible to satisfy its Intangible Tale filing requirement and elects to do so   After May 1, 2002 Fee will be \$500.00 Make Check Payable to Department of State  9. This corporation is eligible to satisfy its Intangible Tale filing requirement and elects to do so   After May 1, 2002 Fee will be \$500.00 Make Check Payable to Department of State  9. This corporation is eligible to satisfy its Intangible Tale filing requirement and elects to do so   After May 1, 2002 Fee will be \$500.00 Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MOORE, JOSEPH P  STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Delete MAYER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MOORE SELLEY  TARRES DAKWOOD AVE  STREET ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Delete MAYER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Delete MAYER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13  THE MOORE SELLEY  THE MOORE SELLEY  THE MAYER ADDITIONS AND ADDITIONS ADDITIONS ADDITIONS AND ADDITIONS ADDI			Registered Agent	<u>'                                    </u>		7. N	lame and Address of New Reg	istered Agent		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida.  Signature, hinded or procedures of inglessed agent and state is equication.  Port integration is eligible to satisfy its Intangible Tale filing requirement and elects to do so.  After May 1, 2002 Fee will be \$550,00 Make Check Payable to Department of State  Port integration is eligible to satisfy its Intangible Tale filing requirement and elects to do so.  Make Check Payable to Department of State  MOORE, JOSEPH P  SIRES AURIES  MOORE, JOSEPH P  SIRES AURIES  MOORE, STEET AURIES  OITY-ST-2P  MOORE, SELLEY  TITLE  MOORE, SELLEY  TITLE  MOORE, SELLEY  TITLE  MOORE, SELLEY  TITLE  MOORE, EDWIN L JR  SIRES AURIES  MOORE, EDWIN L JR  SIRES AURIES  MOORE, EDWIN L JR  SIRES AURIES  MOORE, EDWIN L JR  SIRES AURIES  SIRES AURIES  MOORE, EDWIN L III  SHEWAN MERADOWS  SHERT AURIES  SHEWAN MERADOWS  SHEWAN AURIES  SHEWAN A	MOODE JOSEPH D				Name**					
City FL Zip Code  8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fortida.  SIGNATURE  Signature, board or printed name of inspiremed agent and lite i applicable. (NOTE Registered Agent Supmium requires when retributing).  9. This corporation is elligible to satisfy its Intrangible Tale filing requirement and elects to do so. (See criteria on back).  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MORE, JOSEPH P  17880 OAKWOOD AVE STREET ADDRESS  178-2-29  178-20 OAKWOOD AVE STREET ADDRESS  178-2-29  178-2-29  178-20 OAKWOOD AVE STREET ADDRESS  178-2-29					Street Address (P.O. Box Number is Not Acceptable)					
Either Auderss    City   FL   Zip Code	·						<del></del>			
B. 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  Signalure, spead or printed nerve of registered agent and the or explicable.  P. This corporation is eligible to satisfy its Intangible Tas filling requirement and elects to do so.  Make Check Payable to Department of State  PDT  MORE, JOSEPH P  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT.  MORE, JOSEPH P  17680 OAKWOOD AVE  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  SIREET ADDRESS  DOLA RATION FL. 33487  DILE  MORE, EDWIN L JR  TITLE  D D				-	City	**		FI Zip	Code	
SIGNATURE  9. This corporation is eligible to satisfy its Intangible Taw filling requirement and elects to do so.  After May 1, 2002 Fee will be \$55.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  After May 1, 2002 Fee will be \$55.00  Make Check Payable to Department of State  FILE NOW!! FEE IS \$150.00  Trust Fund Contribution.	9 The above	named eatity submits this statement for	r the purpose of changing its	registered	Loffice pr	registered age	ant or both in the State of Florin			
9. This corporation is eligible to satisfy its Intangible Take Home Check Payable to Department of State 11.	a. The above	married entity sobrings this statement for	the purpose of changing its	registered	Onice Or	registered age	sit, of both, in the state of Florid	ıa.	ĺ	
9. This corporation is eligible to satisfy its Intangible Ta_filling requirement and elects to do so. (See criteria on back)  The post of part of the	SIGNATURE .	<del></del>								
Tax filing requirement and elects to do so.    After May 1, 2002 Fee will be \$550.00   Trust Fund Contribution.   S.5.00 May Be Added to Fees		Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registered A	gent signati	ure required when re	instating)	DATE		
11.	Tax filing requirement and elects to do so.			02 Fee w	2 Fee will be \$550.00					
MOORE, JOSEPH P 17880 OAKWOOD AVE BOCA RATON FL 33487  ITITLE VPSD MOORE, KELLEY 17680 OAKWOOD AVE STREET ADDRESS CITY-ST-ZIP  MOORE, KELLEY 17680 OAKWOOD AVE BOCA RATON FL 33487  ITITLE D D Delete TITLE D Delete TITLE D TYP-ST-ZIP TITLE D MOORE, EDWIN L JR TYP-ST-ZIP TITLE D MOORE, ADTIT F TYP-ST-ZIP TITLE D MOORE, PATTI F TYP-ST-ZIP TYP-ST-ZIP TITLE D MOORE, BOWN L III TYP-ST-ZIP TYP-ST-ZIP TITLE D MOORE, BOWN L III TYP-ST-ZIP TITLE D MOORE, PATTI F TYP-ST-ZIP TITLE D MOORE, BOWN L III TSTAET ADDRESS CITY-ST-ZIP TITLE D MOORE, BOWN L III TSTAET ADDRESS STREET AD	11.	OFFICERS AND					DITIONS/CHANGES TO OFFICE	ERS AND DIRECT	FORS IN 11	
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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	CITY-ST-ZIP									

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 seceiver 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: