


2003

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

DOCUMENT # L89297			
1. Entity Name D.C. Moxley Contracting, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1704 Aurora Road Suite, Apt. #, etc. A City & State Melbourne, FL Zip 32935 Country U.S.		3. Mailing Address 1704 Aurora Road Suite, Apt. #, etc. A City & State Melbourne, FL Zip 32935 Country U.S.	
		4. FEI Number 59-3018474 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name Fallace, James H PA	
		Street Address (P.O. Box Number is Not Acceptable) 1900 S. Hickory Street Ste A	
		City Melbourne State FL Zip 32901	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST Danny C. Moxley 1704 A. Aurora Road Melbourne, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			

FILED

JUL 24 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07/25/03--01061--046 **900.00

REINSTATEMENT 02-03

CR2E034B (12/02)