

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003422

1. Entity Name
MOORE ENTERPRISES WORLDWIDE, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 27 AM 11:02

Principal Place of Business

928 LEVITT PARKWAY
ROCKLEDGE FL 32955

Mailing Address

928 LEVITT PARKWAY
ROCKLEDGE FL 32955

2. Principal Place of Business

160 McLead Street
Suite, Apt. #, etc.

3. Mailing Address

160 McLead Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

59-3581177

Applied For

Not Applicable

Zip

32953

Country

Zip

32953

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Kendall Moore
Street Address (P.O. Box Number is Not Acceptable) 429 Cobblewood Drive
City Rockledge FL Zip Code 32955

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MOORE, KENDALL
STREET ADDRESS 925 LEVITT PARKWAY
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE MGR
NAME MOORE, KELLEY
STREET ADDRESS 925 LEVITT PARKWAY
CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 429 Cobblewood Drive
CITY-ST-ZIP Rockledge, FL 32955 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 429 Cobblewood Drive
CITY-ST-ZIP Rockledge, FL 32955 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 600003416236-6
CITY-ST-ZIP -10/06/00-01022-001
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)