2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003422					FILED			
MOORE ENTERPRISES WORLDWIDE, LLC					01 JUL -9 PM 5: 00			
Principal Place of Business 160 MCLEOD STREET MERRITT ISLAND FL 32953 Mailing Address 160 MCLEOD STREET MERRITT ISLAND FL 32953					SECRETARY (TALLAHASSEE	F STATE , FLORIDA		
2. Principal Place of Business 101) Rockledge Prive 1011 Rockledge Suite, Apt. #! etc. Suite, Apt. #, etc.				<u> </u>	tealiani ain tatia teti matii aati :	IN THIS SPACE	H	
Sty & State	ledge, Florida	City & State	Tonde	4. FEI N	umber 59-3581177		Applied For Not Applicable	
3295	5 USA	32955	ountry JSA		cate of Status Desired	Fee Requ	Additional	
1 1 2 7 7 1	6. Name and Address of Current F	tegistered Agent	- Name	7. Name	and Address of New Ne	gistered Agent		
KENDALI MOORE				ess (P.O. Box Number is Not Acceptable)				
				·				
	. 2	•	City	-		FL Zip C	Code	
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 Statistics, type-of drailed abredistered agent and title applicable. INOTE: Registered Agent signature required when reinstating) DATE DATE								
FILE NOW!!! FEE IS \$50.00								
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9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, KENDALL 429 COBBLEWOOD DRIVE ROCKLEDGE FL 32955		TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Chan	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, KELLEY 429 COBBLEWOOD DRIVE ROCKLEDGE FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP		2000044 -07/13/) ******5	0101072-		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		0	☐ Char	ge	
NAME STREET ADDRESS CITY-ST-ZIP		_ 5	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Char	ge 🔲 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: 5/13/81 321-637-3737								