

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000005899**

1. Entity Name

TWYLA MOORE, PA**FILED****May 11, 2001 8:00 am**
Secretary of State

05-11-2001 90453 007 ***150.00

Principal Place of Business

Mailing Address

5429 PASADENA DRIVE
ORLANDO FL 32809**5429 PASADENA DRIVE**
ORLANDO FL 32809**00043743**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4009 E. Cardinal Pines Dr.

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mascotte, FL

City & State

Kissimmee FL

4. FEI Number

59-3621122

Applied For

Not Applicable

Zip

Country

34753

Zip

Country

347445. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE
PORT ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	MOORE, TWYLA	5429 PASADENA DRIVE	<input checked="" type="checkbox"/>		PSTD	moore, Twyla	4009 E. Cardinal Pines Dr.	<input checked="" type="checkbox"/>	
		ORLANDO FL 32809				Mascotte, FL	34753			
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)