

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90144 023 ***150.00

DOCUMENT # P00000005899

1. Entity Name
TWYLA MOORE, PA.

Principal Place of Business
4009 E CARDINAL PINES DRIVE
MASCOTTE FL 34753

Mailing Address
717 E OAK STREET
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 River Birch Ct.

3. Mailing Address

Suite, Apt. #, etc.
Apt. 713

Suite, Apt. #, etc.

City & State
Clermont, FL

City & State

4. FEI Number **59-3621122**

Applied For
 Not Applicable

Zip Country
34711 USA

Zip Country

5. 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
Swart, Harry J. CPA
 Street Address (P.O. Box Number is Not Acceptable)
717 E. Oak St.

City Zip Code
Kissimmee FL 34744

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 **3/18/02**
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. 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 ☐ Delete
 NAME **PSTD MOORE, TWYLA**
 STREET ADDRESS **4009 E CARDINAL PINES DRIVE**
 CITY-ST-ZIP **MASCOTTE FL 34753**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **600 River Birch Ct. Apt. 713**
 CITY-ST-ZIP **Clermont, FL 34711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **Twyla Moore, PA**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 **407-234-1157**
 Date Daytime Phone #

CR2E034 (9/01)