

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029158

1. Entity Name  
4 MOORES INC.

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-22-2001 90021 010 \*\*\*150.00

Principal Place of Business

3019 AUTUMN FUN CT.  
ORLANDO FL 32822

Mailing Address

3019 AUTUMN FUN CT.  
ORLANDO FL 32822

2. Principal Place of Business

4 MOORES INC.

3. Mailing Address

Suite, Apt. #, etc.

3019 AUTUMN RUN CT.

Suite, Apt. #, etc.

3019 AUTUMN RUN CT.

City & State

ORLANDO FLA.

City & State

ORLANDO FLA.

Zip

32822

Country

USA

Zip

32822

Country

USA

6. Name and Address of Current Registered Agent

MOORE, JEFFREY M  
3019 AUTUMN RUN CT.  
ORLANDO FL 32822

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MOORE, JEFFREY M	
STREET ADDRESS	3019 AUTUMN FUN CT.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MOORE, ELEANOR G	
STREET ADDRESS	3019 AUTUMN FUN CT.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jeffrey M. Moore PTD JEFFREY M. MOORE

Date

Daytime Phone #

3-18-2001 249-1559

CR2E034 (10/00)