

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000049827****1. Entity Name**
ROBERT T. MOOR & ASSOCIATES INC.**Principal Place of Business**
13119 ANDERSON HILL RD.
CLERMONT FL 34711**Mailing Address**
13119 ANDERSON HILL RD.
CLERMONT FL 34711**2. Principal Place of Business :****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3643635**☐ **Applied For**
☐ **Not Applicable****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****MOOR, ROBERT T**
13119 ANDERSON HILL RD.
CLERMONT FL 34711

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, 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	D/P/S	<input type="checkbox"/> Delete
NAME	MOOR, ROBERT T	
STREET ADDRESS	13119 ANDERSON HILL RD.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
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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:****SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

Daytime Phone #

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90058 035 ***150.00



DO NOT WRITE IN THIS SPACE

CR20034 (9/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 2, 2002

ROBERT T. MOOR & ASSOCIATES INC.
13119 ANDERSON HILL RD.
CLERMONT, FL 34711

Subject: ROBERT T. MOOR & ASSOCIATES INC.

Reference Number: P00000049827

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/jn
ANNUAL REPORTS SECTION

Attachment
Document #
P00000049827

DONE
6/11/02
870215