


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90117 047 ***150.00

DOCUMENT # P00000092984

1. Entity Name
ORANGE & MOORE REALTY, INC.



Principal Place of Business
**12740 ATLANTIC BLVD
SUITE 6
JACKSONVILLE FL 32225**

Mailing Address
~~192K BEWEY PLACE~~ **12740-6 Atlantic Blvd.**
~~JACKSONVILLE FL 32225~~ **JACKSONVILLE FL 32225**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1043851** Applied For
Not Applicable

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



6. Name and Address of Current Registered Agent
~~BLACKBURN, BRYAN E X
192K BEWEY PLACE XXX
JACKSONVILLE FL 32207~~

7. Name and Address of New Registered Agent
Name **Thomas A. Moore**
Street Address (P.O. Box Number is Not Acceptable)
12740-6 Atlantic Blvd.
City **Jacksonville** FL Zip Code **32225**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas A. Moore 2/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	ORANGE, NATHANIEL
STREET ADDRESS	12740-6 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	D <input type="checkbox"/> Delete
NAME	MOORE, THOMAS A
STREET ADDRESS	12740-6 ATLANTIC BLVD
CITY-ST-ZIP	JACKSONVILLE FL 32225
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, Thomas A.
STREET ADDRESS	12740-6 Atlantic Blvd.
CITY-ST-ZIP	Jacksonville, FL 32225
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas A. Moore 2/7/03 (904) 220-8008
Signature, typed or printed name of signing officer or director Date Daytime Phone #
Thomas A. Moore, President

CR2E034 (10/02)