

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90618 006 \*\*\*150.00

**DOCUMENT # P00000105840**

**1. Entity Name**  
**LORRAINE MOORE, P.A.**

**Principal Place of Business**

**3655 SEASIDE DR #419**  
**KEY WEST FL 33040**

**Mailing Address**

**3655 SEASIDE DR #419**  
**KEY WEST FL 33040**

**2. Principal Place of Business**

**1351 20th ST**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**1351 20th St.**  
 Suite, Apt. #, etc.

**City & State**

**Key West, FL**

**Zip**

**33040**

**Country**

**USA**

**City & State**

**Key West, FL**

**Zip**

**33040**

**Country**

**USA**

**4. FEI Number**

**65-1064441**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MOORE, LORRAINE**  
**3655 SEASIDE DR #419**  
**KEY WEST FL 33040**

**7. Name and Address of New Registered Agent**

**Name: Lorraine Moore**

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

**1351 20th St.**

**City: Key West**

**FL**

**Zip Code: 33040**

**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: Lorraine Moore President**

**4-18-02**

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**

**TITLE: D** ☐ Delete  
**NAME: MOORE, LORRAINE**  
**STREET ADDRESS: 3655 SEASIDE DR #419**  
**CITY-ST-ZIP: KEY WEST-FL 33040**

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**TITLE:** ☐ Delete  
**NAME:**  
**STREET ADDRESS:**  
**CITY-ST-ZIP:**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE: Director** ☐ Change ☒ Addition  
**NAME: Nancy Wozniak**  
**STREET ADDRESS: 1351 20th St.**  
**CITY-ST-ZIP: Key West, FL 33040**

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

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

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

**TITLE:** ☐ Change ☐ Addition  
**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: Lorraine Moore President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-02**

Date

**305-296-8269**

Daytime Phone #

CR2E034 (9/01)