

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90039 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000036529**

1. Entity Name  
**MOE CONSTRUCT, INC.**



**90130957**

Principal Place of Business  
**4440 HUPPEL ST  
 ORLANDO, FL 32811**

Mailing Address  
**4440 HUPPEL ST  
 ORLANDO, FL 32811**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3727883** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MOORE, DONALD  
 4440 HUPPEL ST  
 ORLANDO, FL 32811**

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

SIGNATURE *[Signature]*  
 Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DONALD	
STREET ADDRESS	4440 HUPPEL ST	
CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)