

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90310 028 ***150.00

DOCUMENT # E01000075322 1. Entity Name <div style="text-align: center; padding: 10px; font-size: 1.2em;">Moore Family Dental, P.A.</div>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1 Orange Avenue Suite, Apt. #, etc.		3. Mailing Address 1 Orange Avenue Suite, Apt. #, etc.	
City & State Rockledge, FL		City & State Rockledge, FL	
Zip 32955	Country USA	Zip 32955	Country USA
4. FEI Number 31-1806816		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Kelley Newman Moore, D.D.S.			
Street Address (P.O. Box Number is Not Acceptable) 429 Cobblewood Drive			
City Rockledge			
FL Zip Code 32955			
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 <u>Kelley N. Moore</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 <input type="checkbox"/> Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/V/S/T/D Kelley Newman Moore, D.D.S. 1 Orange Avenue Rockledge, FL 32955	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE <u>Kelley N. Moore</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Kelley Newman Moore, D.D.S. 6/18/02 <small>Date</small>	
		321-632-2020 <small>Daytime Phone</small>	

CR2E034B (12/01)

Attachment
Document #
PO1000075322

Moore Family Dental

118814

KELLEY NEWMAN MOORE, D.D.S.

1 ORANGE AVENUE

ROCKLEDGE, FL 32955

TELEPHONE: (321) 632-2020

June 18, 2002

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: Uniform Business Report

Gentlemen:

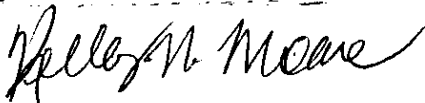
Enclosed herewith find the Uniform Business Report for Moore Family Dental, P.A., which was due on May 1. Also enclosed is a check in the amount of \$150.00.

We would appreciate your waiving the penalty on this account, as we are a new corporation and have not had to file this form before. We have no recollection of ever receiving the Uniform Business Report form. Our accountant recently advised us that this was required to be filed.

Your consideration in this matter would be greatly appreciated.

Sincerely,

MOORE FAMILY DENTAL, P.A.



Kelley Newman Moore, D.D.S.

KNM/djf
Enclosures