

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000075322

FILED
May 27, 2003
Secretary of State

Entity Name: MOORE FAMILY DENTAL, PA

Current Principal Place of Business:

1 ORANGE AVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

1 ORANGE AVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 31-1806816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, KELLEY N DDS
429 COBBLEWOOD DR
ROCKLEGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: NEWMAN, KELLEY
Address: 1 ORANGE AVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: MOORE, KELLEY N DDS
Address: 1 ORANGE AVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLEY N. MOORE, DDS

PVST

05/27/2003

Electronic Signature of Signing Officer or Director

_____ Date