

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90006 046 \*\*\*550.00

**DOCUMENT # P01000088347**

**1. Entity Name**  
**MOYE TREE FARMS, INC.**

**Principal Place of Business**

**1459 LISA DRIVE**  
**WAUCHULA FL 33873**

**Mailing Address**

**1459 LISA DRIVE**  
**WAUCHULA FL 33873**

**2. Principal Place of Business**

**3379 Parnell Rd**

Suite, Apt. #, etc.

**3. Mailing Address**

**Box 70**

Suite, Apt. #, etc.

**City & State**

**Zolfo Springs**

**City & State**

**Wauchula**

**4. FEI Number**

**65-1158283**

**Applied For**

**Not Applicable**

**Zip**

**33890**

**Country**

**USA**

**Zip**

**33873**

**Country**

**USA**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

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

**MOYE, RICHARD**  
**1459 LISA DRIVE**  
**WAUCHULA FL 33873**

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

**Name**

**Moye, Ronald**

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

**3379 Parnell Road**

**City**

**Zolfo Springs**

**FL**

**Zip Code**

**33890**

**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**

*Ronald Moye*

**Ronald Moye**

**9-5-02**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MOYE, RONALD F</b>	
<b>STREET ADDRESS</b>	<b>1459 LISA DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>WAUCHULA FL 33873</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MOYE, SHARON</b>	
<b>STREET ADDRESS</b>	<b>1459 LISA DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>WAUCHULA FL 33873</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Moye, Ronald F</b>	
<b>STREET ADDRESS</b>	<b>3379 Parnell Rd</b>	
<b>CITY-ST-ZIP</b>	<b>Wauchula FL 33890</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Sharon Moye</b>	
<b>STREET ADDRESS</b>	<b>3379 Parnell Rd.</b>	
<b>CITY-ST-ZIP</b>	<b>Zolfo Springs, FL 33890</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Sharon Moye*

**Sharon Moye**

**9-5-02**

**8637811044**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)