FILED
May 14, 2003 8:00 am
Secretary of State

01-21-2003 90515 033 ***150.00
05-14-2003 90130 004 ***150.00

90134097

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004858

1. Entity Name

Moore-Rigsby Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5880 NE 21st Drive	5880 NE 21st Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale FL	City & State: Ft Lauderdale FL
Zip: 33308 Country: USA	Zip: 33308 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 11-3684020 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Patricia Rigsby

Street Address (P.O. Box Number is Not Acceptable): 5880 NE 21st Drive

City: Ft Lauderdale FL Zip Code: 33308

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: Patricia A. Rigsby 4/12/2003

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	ADRIENNE MOORE
STREET ADDRESS	19101 MYSTIC POINT DRIVE #410
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	VICE PRESIDENT
NAME	PATRICIA RIGSBY
STREET ADDRESS	5880 NE 21ST DRIVE
CITY-ST-ZIP	FT LAUDERDALE FL 33308
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia A. Rigsby Patricia A. Rigsby 4/12/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #