

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

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

04-17-2003 90158 038 \*\*\*150.00

DOCUMENT # **P02000 110770**

1. Entity Name

**MOORE'S AUTO, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1000 CONDUIT RD.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**COLONIAL HEIGHTS, VA.**

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

**23834**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**STARLETT KLINE**

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

**3200 PORT ROYALE DR. N**

**#704**

City

**FT. LAUDERDALE FL**

Zip Code

**33308**

6. 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, 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  
NAME

**P-D  
EDWARD MOORE  
1000 CONDUIT RD.  
COLONIAL HEIGHTS, VA. 23834**

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

**S-D  
COREY NICHOLS  
1109 COVINGTON RD.  
COLONIAL HEIGHTS, VA. 23834**

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

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**DO NOT WRITE  
IN THIS SPACE**

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: **EDWARD MOORE** *E Moore*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-8-03** **520-7457**

Date Daytime Phone #

CR2E034B (12/02)