


**2004 FOR PROFIT CORPORATION 2004
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90181 024 ***150.00

DOCUMENT # **P03000153162**

1. Entity Name
GREGG A. MOORE CONSTRUCTION, INC.



DO NOT WRITE IN THIS SPACE

24072177

2. Principal Place of Business
20731 NORTH RD.
Suite, Apt. #, etc.

3. Mailing Address
20731 NORTH RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ALTOONA, FL

City & State
ALTOONA, FL

Zip
32702-9309

Country
USA

Zip
32702-9309

Country
U.S.A.

4. FEI Number
17-0616079

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
GREGG A. MOORE

Street Address (P.O. Box Number is Not Acceptable)
20731 NORTH RD.

City
ALTOONA

FL Zip Code
32702-9309

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 _____ (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 STREET ADDRESS CITY-ST-ZIP	P GREGG A. MOORE 20731 NORTH RD ALTOONA, FL 32702-9309	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABE GARMAN 3900 LAKE CENTER DR #11 MOUNT DORA, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 persons empowered.

SIGNATURE: **Abe Garmán** ACCOUNTANT 5104 (352) 383-7181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)