

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90070 006 ***150.00

DOCUMENT # P18002

1. Entity Name
MOORE INVESTMENT CORP.

Principal Place of Business
2406 HUNTINGTON BLVD.
SAFETY HARBOR FL 34695

Mailing Address
2406 HUNTINGTON BLVD.
SAFETY HARBOR FL 34695



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4707 140TH AVE. NO.

3. Mailing Address

4707 140TH AVE. NO.

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

61-1059056

Applied For

Not Applicable

Zip

33762

Country

USA

Zip

33762

Country

USA

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

6. Name and Address of Current Registered Agent

MOORE, JACQUELINE
2406 HUNTINGTON BLVD.
SAFETY HARBOR FL 34695

7. Name and Address of New Registered Agent

Name

JACQUELINE MOORE

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

4749 STONEBRIAR DRIVE

City

OLDSMAR,

FL

Zip Code

34677

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.

SIGNATURE

Robert M. Moore

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

TITLE	PVS	<input type="checkbox"/> Delete
NAME	MOORE, ROBERT M.	
STREET ADDRESS	2406 HUNTINGTON BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, ROBERT M.	
STREET ADDRESS	2406 HUNTINGTON BLVD.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Robert M. Moore **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-02 727-536-1706

Date

Daytime Phone #

CR2E034 (9/01)