

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90068 008 ***150.00

DOCUMENT # P18002

1. Entity Name
MOORE INVESTMENT CORP.



Principal Place of Business
**4707 140TH AVE NO
STE 104
CLEARWATER FL 33762**

Mailing Address
**4707 140TH AVE NO
STE 104
CLEARWATER FL 33762**

2. Principal Place of Business

4749 STONEBRIAR DRIVE

3. Mailing Address

4749 STONEBRIAR DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

4. FEI Number

61-1059056

Applied For

Not Applicable

Zip

34677-4854

Country

USA

Zip

34677-4854

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOORE, JACQUELINE
4749 STONEBRIAR DRIVE
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PVS** ☐ Delete
NAME **MOORE, ROBERT M.**
STREET ADDRESS **2406 HUNTINGTON BLVD.**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE **TD** ☐ Delete
NAME **MOORE, ROBERT M.**
STREET ADDRESS **2406 HUNTINGTON BLVD.**
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVSC** ☒ Change ☐ Addition
NAME **ROBERT M. MOORE**
STREET ADDRESS **4749 STONEBRIAR DRIVE**
CITY-ST-ZIP **OLDSMAR, FL 34677-4854**

TITLE **TD** ☒ Change ☐ Addition
NAME **ROBERT M. MOORE**
STREET ADDRESS **4749 STONEBRIAR DRIVE**
CITY-ST-ZIP **OLDSMAR, FL 34677-4854**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT M. MOORE
SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-2003

787-789-9660

Date

Daytime Phone #

CR2E034 (10/02)