

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90044 016 ***150.00

DOCUMENT # P94 0000 65 777**1. Entity Name**

MOORE & COMPANY, INC.

Principal Place of Business**Mailing Address****2. Principal Place of Business**

717 FREELING DR

Suite, Apt. #, etc.

3. Mailing Address

SAME AS BUSINESS

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State**4. FEI Number**

65-0519016

Applied For

Not Applicable

Zip

34242-1022

Country**Zip****Country****5. Certificate of Status Desired** ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**W. BUDD MOORE
717 FREELING DR
SARASOTA, FL 34242-1022**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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE**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, 2001 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	DIRECTOR	<input type="checkbox"/> Delete
NAME	W. BUDD MOORE	
STREET ADDRESS	717 FREELING DR	
CITY-ST-ZIP	SARASOTA, FL 34242-1022	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	HOLLY H. MOORE	
STREET ADDRESS	717 FREELING DR	
CITY-ST-ZIP	SARASOTA, FL 34242-1022	
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		
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
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. BUDD MOORE

Date

Daytime Phone #

CR2034 (11/00)