

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90224 034 ***150.00

DOCUMENT # P94000067567

1. Entity Name

BOBBY MOORE'S CUSTOM MARINE SALES, INC.

Principal Place of Business

**3030 NORTHEAST 188TH STREET
 NO. MIAMI FL 33180**

Mailing Address

**3030 NORTHEAST 188TH STREET
 NO. MIAMI FL 33180**

2. Principal Place of Business

6231 SW 32 ST.

3. Mailing Address

6231 SW 32 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

4. FEI Number **65-0446867**

Applied For

Not Applicable

Zip
33023

Country
USA

Zip
33023

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, JOANNE M
 6231 SW 32ND ST
 MIRAMAR FL 33023**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Joanne Moore **3-9-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MOORE, JOANNE M**
 STREET ADDRESS **3030 NORTHEAST 188TH STREET**
 CITY-ST-ZIP **NO. MIAMI FL 33180**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANNE MOORE

Date

Daytime Phone #

(954) 981-5965

CR2E034 (10/00)