# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 21, 2003**
**Secretary of State**

DOCUMENT# P94000068819

**Entity Name:** MOORE'S MASONRY, INC.

**Current Principal Place of Business:**

6317 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

6317 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305

**Current Mailing Address:**

6317 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32310

**New Mailing Address:**

6317 CRAWFORDVILLE ROAD
TALLAHASSEE, FL 32305

**FEI Number: 59-3274742** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOODS, THOMAS F
GATLIN, WOODS, CARLSON & COWDERY
1709-D MAHAN DRIVE
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: MOORE, THOMAS C
Address: 6317 CRAWFORDVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32310

Title: V ( ) Delete
Name: WARNER, GARRETT
Address: 3697 DWIGHT DAVIS DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: BAHORSKI, ZACHARY T
Address: RT. 3 BOX 107, B-1
City-St-Zip: MONTICELLO, FL 32344

Title: T ( ) Delete
Name: MOORE, SANDRA C
Address: 6317 CRAWFORDVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32310

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: RIVERS, JONTHOMAS
Address: POST OFFICE BOX 1343
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. MOORE D 01/21/2003

Electronic Signature of Signing Officer or Director — Date