

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90205 031 ***150.00

DOCUMENT # P95000007467

1. Entity Name

DAVID K. MOORE, INC.

Principal Place of Business

**14727 96TH LN.
WEST PALM BEACH FL 33412
US**

Mailing Address

**14727 96TH LN.
WEST PALM BEACH FL 33412
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0559181**

Applied For

Not Applicable

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, DAVID K
4225 45 STREET LOT #A11
WEST PALM BEACH FL 33407**

Name

MOORE DAVID K

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

14727 96 LANE NORTH

WEST PALM BEACH

City

FL

Zip Code

33412

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 **PT** ☐ Delete
NAME **MOORE, DAVID K**
STREET ADDRESS **4225 45 STREET LOT #A11**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONAL INFORMATION ON OFFICERS AND DIRECTORS IN 11

TITLE **DAVID MOORE** ☐ Change ☐ Addition
NAME
STREET ADDRESS **14727 96th LANE NO.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33412**
(561) 790-6483

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

DAVID KELLY MOORE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)