

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90047 049 ***150.00

DOCUMENT # P96000060820

1. Entity Name

LAW OFFICE OF MICHAEL GREGORY MOORE, P.A.

Principal Place of Business

**2660 AIRPORT ROAD SOUTH
 NAPLES FL 34112**

Mailing Address

**2660 AIRPORT ROAD SOUTH
 NAPLES FL 34112**

2. Principal Place of Business

1730 Keane Ave S.W.

Suite, Apt. #, etc.

c/o Topiary Creations

City & State

Naples FL

Zip

34117

Country

3. Mailing Address

1730 Keane Ave S.W.

Suite, Apt. #, etc.

c/o Topiary Creations

City & State

Naples FL

Zip

34117

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0683338

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MOORE, MICHAEL G
 2660 AIRPORT ROAD
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name

Michael Moore

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

1730 Keane Ave S.W.

c/o Topiary Creations

City

Naples

FL

Zip Code

34117

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

Michael Moore

1/8/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, MICHAEL G 2660 AIRPORT ROAD NAPLES FL 34112 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michael G. Moore 1730 Keane Ave S.W. Naples, FL 34117 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Michael Moore

Date

1/8/02

Daytime Phone #

(941) 455-6668

CR2E034 (9/01)