

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 FEB -9 PM 3:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P 96000068533

1. Entity Name

MOORE SOLUTIONS, INC



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business
1916 SE Port St Lucie Blvd.

3. Mailing Address
1916 SE Port St Lucie Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Port St Lucie Florida

City & State
Port St Lucie Florida

4. FEI Number 65-0697102

Applied For
Not Applicable

Zip
34952

Country
U.S.

Zip
34952

Country
U.S.

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

7. Name and Address of Current Registered Agent

Name Robert Hackney

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

2000 PGA Blvd #4410

City North Palm Beach

FL

Zip Code
33410

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Terrance Moore - Director
1916 SE Port St Lucie Blvd
Port St Lucie, FL 34952

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
L. Jayne Moore - Director
1916 SE Port St Lucie Blvd
Port ST Lucie, FL 34952

TITLE
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500028435685
02/09/04-01058-007 **750.00

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2004

Date

772-337-4005

Daytime Phone #

CR2E034B (12/02)