

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **997000008366**

1. Entity Name

Import Cigarettes and Moore, Inc.

Principal Place of Business

**2105 Howell Branch Rd
Apt 56B
Maitland, FL 32751**

Mailing Address

**2105 Howell Branch Rd
Apt 56B
Maitland, FL 32751**

2. Principal Place of Business

**2105 Howell Branch Rd
Suite, Apt. #, etc.
56B
Maitland, FL 32751**

3. Mailing Address

**2105 Howell Branch Rd
Suite, Apt. #, etc.
Apt 56B
Maitland, FL 32751**

**City & State
Maitland, FL 32751
Zip
32751
Country
USA**

**City & State
Maitland, FL 32751
Zip
32751
Country
USA**

4. FEI Number
65-0709612

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Moore, Thomas E. Jr.
2105 Howell Branch Rd
Apt 56B
Maitland, FL 32751**

7. Name and Address of New Registered Agent

**Name
Moore, Thomas E. Jr.
Street Address (P.O. Box Number is Not Acceptable)
2105 Howell Branch Rd
Apt 56B
City
Maitland, FL 32751
FL Zip Code
32751**

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 **Thomas E. Moore, Jr.**
Signature, typed or printed name of registered agent and title if applicable.

4/24/00
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, 2000 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	Director & CEO	<input type="checkbox"/> Delete
NAME	Thomas E. Moore, Jr.	
STREET ADDRESS	2105 Howell Branch Rd Apt 56B	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director & CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas E. Moore, Jr.	
STREET ADDRESS	2105 Howell Branch Rd Apt 56B	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Thomas E. Moore, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00
Date

941-350-7974
Daytime Phone #

CR2E034 (9/99)