

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017290

1. Entity Name

MICHAEL S. MORAN & ASSOCIATES, INC.

Principal Place of Business

2912 CLEMWOOD DR  
ORLANDO FL 32803  
US

Mailing Address

2912 CLEMWOOD DR  
ORLANDO FL 32803  
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 59-3433229

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

MORAN, MICHAEL S  
3218 HANGILL DR  
ORLANDO FL 32806

Name Moran, Michael S.

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

2912 Clemwood Drive

City Orlando

FL

Zip Code 32803

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 *Michael S. Moran*  
Signature, typed or printed name of registered agent and title if applicable.

Michael S. Moran

01/07/2001

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORAN, MICHAEL S 2912 CLEMWOOD DR ORLANDO FL 32803	<input type="checkbox"/> Delete	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"/> Delete	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)(f), 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: *Michael S. Moran* MICHAEL S. MORAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2001

Date

(407) 894-8688

Daytime Phone #

FILED  
Feb 02, 2001 8:00 am  
Secretary of State

02-02-2001 90280 012 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)