2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000066439 Feb 24, 2000 8:00 am **Secretary of State** M.L. MOORE & ASSOCIATES, INC. 02-24-2000 90029 036 ***158.75 Principal Place of Business Mailing Address 4721 RIVERSIDE DR 4721 RIVERSIDE DR YANKEETOWN FL 34498 BOX 9 YANKEETOWN FL 34498-0009 2. Principal Place of Business 3. Mailing Address 936 N. Suncas 976 N. Surrogst Blud Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3464074 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MOORE, MARCUS L ress (P.O. Box Number is Not Acceptable 4721 RIVERSIDE DR, BOX 9 SUNCHAS YANKEETOWN FL 34498 8. The above named entity submits this statement for the purpose of chariging its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Delete TITLE MOORE, MARCUS L JR. NAME NAME. STREET ADDRESS STREET ADDRESS 4721 RIVERSIDE DR, BOX 9 CITY-ST-7IF YANKEETOWN FL 34498 CITY-ST-ZIP ☐ Change ■ Addition TITLE 👿 Delete MOORE, LESLIE E NAME STREET ADDRESS 4721 RIVERSIDE DR STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP YANKEETOWN FL 34498 Change ☐ Addition TITLE Delete TITLE MOORE, JAMES A NAME NAME STREET ADDRESS STREET ADDRESS 9875 KINGS RD CITY-ST-ZIP CITY-ST-7IP **GAINESVILLE GA 30506 Change** ☐ Addition TITLE □ Delete TITLE moore, michael M 936 N. Sunmast Blud Crystal River FL 34429 MOORE, MICHAEL M NAME NAME STREET ADDRESS STREET ADDRESS 4111 LEONA ST CITY-ST-7IP CITY-ST-7IP TAMPA FL 34436 Addition Delete TITLE ☐ Change Edwin A. MOORE NAME 936 No Suncoast Blue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Detere STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Moore 2/11/00 352