

**FOR PROFIT CORPORATION - AMENDED  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 15 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073321

1. Entity Name

Moore Industries, Inc.

**DO NOT WRITE IN THIS SPACE**

800007168888--3

-08/16/02--01031--015

\*\*\*\*\*70.00 \*\*\*\*\*70.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
1897 Feather Tree Cir

Suite, Apt. #, etc.

3. Mailing Address  
1897 Feather Tree Cir

Suite, Apt. #, etc.

City & State  
Clearwater, FL

Zip  
33765

Country  
USA

City & State  
Clearwater, FL

Zip  
33765

Country  
USA

4. FEI Number  
59-3463886

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Moore, John D.

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

1897 Feather Tree Cir

City

Clearwater,

FL

Zip Code  
33765

**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.

SIGNATURE

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

(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) ☒

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
PTD  
Moore, John D.  
1897 Feather Tree Cir  
Clearwater, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
VSM  
Moore, Michael J.  
1897 Feather Tree Cir  
Clearwater, FL 33765

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
V  
Moore, Cheryl A.  
1897 Feather Tree Cir  
Clearwater, FL 33765

TITLE  
NAME  
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CITY- ST- ZIP

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CITY- ST- ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*John D. Moore*

John D. Moore, President

August 8, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Original Phone #

CR2E034B (12/01)

August 10, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL. 32314

Re: Request for Waiver of Reinstatement Penalty- Michael J. Mellman, M.D., P.A.

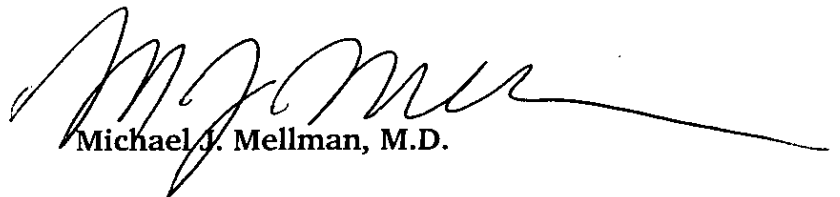
Dear Sir or Ms:

Enclosed please find completed and signed application for corporation reinstatement with respect to the above referenced corporation. I have also enclosed my check for \$308.75.

By this letter I am seeking a waiver of the additional \$600.00 fee. This is predicated upon me not having received an annual report request which apparently unintentionally caused the dissolution of my corporation. Certainly, had this requirement been brought to my attention, I would have timely made the appropriate payment.

Accordingly, it is respectfully requested that this fee be waived.

Very truly yours,



Michael J. Mellman, M.D.