05/04/2000 09:11 4076283616 BENJAMINHMOOREC

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90045 015 ***150.00

DOCUMENT # P97000078674

1. Entity Name

MARK MOORE, INC.

Principal Place of Business
2287 EAgles NEST ROAD
JACKsonville, Florida
32246 US

Mailing Address
2287 EAgles NEST ROAD)
JACksonville, Florida
32246 US

2. Principal Place of Business
2287 EAgles NEST ROAD
Suite, Apt. #, etc.
City & State
JACksonville, Florida
Zip
32246
Country
USA

3. Mailing Address
2287 EAgles NEST ROAD
Suite, Apt. #, etc.
City & State
JACksonville Florida
Zip
32246
Country
USA

[redacted]
DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3466339

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $0.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, MARK C.
2287 Eagles NEST ROAD
JACKsonville, Fl
32246

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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: MARK Moore 4/15/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOORE, MARK 2287 EAgles NEST ROAD JACksonville, Fl 32246	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Betty Moore 2287 EAgles NEST ROAD JACksonville, Fl. 32246	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOORE, MARK C 2287 EAgle NEST ROAD. JACksonville, Fl 32246	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOORE, Betty 2287 EAgle NEST ROAD JACksonville, Fl 32246	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

13. I further 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: MARK Moore President 4/15/00 904-905-7127

NAME AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number