

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 11, 2001 8:00 am
Secretary of State

05-11-2001 90124 009 ***150.00

DOCUMENT # P97000091341

1. Entity Name

BERT MOORE, P.A.

Principal Place of Business

1150 JOHN SIMS PKWY
NICEVILLE FL 32578

Mailing Address

1150 JOHN SIMS PKWY
NICEVILLE FL 32578

2. Principal Place of Business

4677 E. Hwy 20, Suite #1

3. Mailing Address

P.O. Box 950

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Niceville, FL

City & State

Niceville, FL

Zip

32578

Country

U.S.A.

Zip

32588

Country

USA

4. FEI Number

59-3472847

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

MOORE, BERT

1150 JOHN SIMS PKWY
NICEVILLE FL 32578

Name

MOORE, BERT

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

4677 E. Hwy 20,

Suite #1

City

Niceville

FL

Zip Code

32578

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

Bert Moore BERT MOORE *Bert Moore*

4/26/01

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)

☐

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 P
NAME MOORE, BERT ☐ Delete
STREET ADDRESS 1150 JOHN SIMS PKWY
CITY-ST-ZIP NICEVILLE FL 32578

TITLE P
NAME MOORE, BERT ☒ Change ☐ Addition
STREET ADDRESS 4677 E. Hwy 20, Suite #1
CITY-ST-ZIP Niceville, FL 32578

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Bert Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

850-678-6883

Daytime Phone #

CR2E034 (10/00)