

DOCUMENT # P97000101614

MOORE REAL ESTATE CONCEPTS INC.

4531 DE LEON STREET
#211
FORT MYERS FL 33907

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#211
FORT MYERS FL 33907

Suite, Apt. #, etc.

4. FEI Number **59-3488917**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

MOORE, KIMBERLY ANN
3715 FIELDSTONE BLVD.
NAPLES FL 34109

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, 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MOORE, KIMBERLY ANN	
STREET ADDRESS	3715 FIELDSTONE BLVD	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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CITY - ST - ZIP	

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TITLE	<input type="checkbox"/> Delete
NAME ADDRESS	
ST ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME	
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CITY-ST-ZIP	

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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2000

Date _____

Daytime Phone #

CR2E034 (9/99)