

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018564

1. Entity Name  
MOYER PLUMBING, INC.

Principal Place of Business  
3585 N.E. SKYLINE DR.  
JENSEN BEACH FL 34957

Mailing Address  
P O BOX 1271  
JENSEN BEACH FL 34958

2. Principal Place of Business  
**3585 NE SKYLINE DRIVE**

Suite, Apt. #, etc.  
**JENSEN BEACH**

3. Mailing Address  
**Po. Box 1271**

Suite, Apt. #, etc.

City & State  
**FL**

Zip **34957**

Country **USA**

City & State  
**JENSEN BEACH, FL**

Zip **34958**

Country **USA**

4. FEI Number  
**65-0816620**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

MOYER, ROBERT S  
3585 N.E. SKYLINE DR.  
JENSEN BEACH FL 34957

## 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. I am familiar with, and accept the obligations of registered agent.

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **D**  
NAME **MOYER, ROBERT S**  
STREET ADDRESS **3585 N.E. SKYLINE DR.**  
CITY-ST-ZIP **JENSEN BEACH FL 34957**

Delete

TITLE **VP**  
NAME **MOYER, KIMBERLY L**  
STREET ADDRESS **3585 NE SKYLINE DR**  
CITY-ST-ZIP **JENSEN BCH FL 34957**

Delete

TITLE **S**  
NAME **MOYER, DEBORAH**  
STREET ADDRESS **3585 NE SKYLINE DR**  
CITY-ST-ZIP **JENSEN BCH FL 34957**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*N/A*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*N/A*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

*N/A*

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

SIGNATURE: **SIGNATURE STAMPED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-25-02

772-334-4967

Date

Daytime Phone #

CR2E034 (4/02)