

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 12, 2002 8:00 am**  
**Secretary of State**

08-12-2002 90013 024 \*\*\*150.00

**DOCUMENT # P98000037754**

1. Entity Name  
**MOORE ENGRAVING CRAFTS, INC.**

Principal Place of Business  
**4242 SOUTH WEST 64TH AVENUE  
 DAVIE FL 33314**

Mailing Address  
**4242 SOUTH WEST 64TH AVENUE  
 DAVIE FL 33314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0900680**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

**MOORE, CHARLES  
 4242 SOUTH WEST 64TH AVENUE  
 DAVIE FL 33314**

## 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 **PD** ☐ Delete  
 NAME **MOORE, CHARLES A**  
 STREET ADDRESS **7791 N.W. 35TH STREET**  
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **STD** ☐ Delete  
 NAME **MOORE, BEATRICE C**  
 STREET ADDRESS **7791 N.W. 35TH STREET**  
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **VPD** ☒ Delete  
 NAME **RUSSELL, CATHERINE ANN**  
 STREET ADDRESS **5459F S.W. 11TH STREET**  
 CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 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:

*Charles Moore*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/7/02 954-431-4530*  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment  
**MOORE Engraving Crafts, Inc** #P98000037754 6077077

Dept of State

August 7, 2002

Dear Sirs,

We did not receive any notice earlier of this payment due date. We have been advised by one of our associates that recently paid this, that mailings were late going out. We are wondering why we had to find this out in around about way.

If there is a problem let us now in a reasonable time frame

Regards

Charles Moore