FILED

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04-10-2003 90095 002 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## P98000044462 DOCUMENT #

1. Entity Name

KEATING/MOORE DEVELOPMENT, INC.



Principal Place of Business Mailing Address 10276 RIVERSIDE DR 10258 RIVERSIDE DRIVE #2 PALM BEACH GARDENS FL 33410-4876 PALM BEACH GARDENS FL 33410 3. Mailing Address RIVE(SID 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number 65-0849564 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 1SA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, TIMOTHY J 10258 RIVERSIDE DRIVE #2 PALM BEACH GARDENS FL 33410 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE TITLE ☐ Delete NAME MOORE, TIMOTHY J NAME STREET ADDRESS 6169 EAGLES NEST DRIVE STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP JUPITER FL 33458 Delete ☐ Addition TITLE TITLE NAME NAME KEATING, JOSEPH M 10276 Riverside Drive alm Beach Gordens, Fi STREET ADDRESS STREET ADDRESS 18839 BIG CYPRESS DRIVE €ITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. 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 revenue of the corporation or the revenue of the corporation of the corporation of the corporation of the corporation of the revenue of th changed, or on an attachr

SIGNATURE:

YRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR