

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91329 012 ***158.75

DOCUMENT # P980000085237

1. Entity Name

EARL MOORE, P.A., CPA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9623 U.S. Hwy 301 S
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2187
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Riverview FL

City & State

Riverview FL

4. FEI Number

59-3534766

Applied For

Not Applicable

Zip

33569

Country

Hillsborough

Zip

33568

Country

Hillsborough

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Earl Moore

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

9623 US Hwy 301 S

City

Riverview

FL

Zip Code

33569

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IN THIS SPACE

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



4/27/02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President / Director
Earl Moore
9623 U.S. Hwy 301 S.
Riverview, FL 33569

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/02

CR2E034B (12/01)