

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90407 042 \*\*\*150.00

**DOCUMENT # P99000021419**

1. Entity Name  
**MOORE & SNOEP CONSULTING, INC.**



Principal Place of Business  
**100 NE 3RD AVE  
STE 850  
FORT LAUDERDALE FL 33301**

Mailing Address  
**100 NE 3RD AVE  
STE 850  
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

**401 E. Las Olas Blvd**

Suite, Apt. #, etc.  
**Ste 1400**

City & State  
**Ft. Lauderdale FL**

Zip  
**33301**

Country  
**USA**

3. Mailing Address

**401 E. Las Olas Blvd.**

Suite, Apt. #, etc.  
**Ste 1400**

City & State  
**Ft. Lauderdale FL**

Zip  
**33301**

Country  
**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0905742**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SNOEP, PEER  
100 NE 3RD AVE  
STE 850  
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name **Snoep, Peer**  
Street Address (P.O. Box Number is Not Acceptable)  
**401 E. Las Olas Blvd**  
**Ste. 1400**  
City **Fort Lauderdale FL** Zip Code **33301**

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]*  
Signature, typed or printed name of registered agent and firm if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/6/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete  
NAME **SNOOP, PEER**  
STREET ADDRESS **100 NE WAVECREST CT**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **DVS** ☐ Delete  
NAME **MOORE, RICHARD J**  
STREET ADDRESS **1924 NE 31ST AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/6/03 954-332-2424**  
Date Daytime Phone #

CR2E034 (10/02)