

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90651 030 ***150.00

DOCUMENT # P99000021685

1. Entity Name
WILLIAM A. MORAN ENTERPRISES INC.

Principal Place of Business
**7 BANNOCK RD.
 PALM BEACH GARDENS FL 33418**

Mailing Address
**7 BANNOCK RD.
 PALM BEACH GARDENS FL 33418**



2. Principal Place of Business
~~970 OCEAN DRIVE~~
 Suite, Apt. #, etc.

3. Mailing Address
~~970 OCEAN DRIVE~~
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JUNO BEACH, FL 33408

City & State
JUNO BEACH, FL

4. FEI Number
65-0905888

Applied For
 Not Applicable

Zip
33408

Country
USA

Zip
33408

Country
USA

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

6. Name and Address of Current Registered Agent

**MORAN, WILLIAM A
 7 BANNOCK RD.
 PALM BEACH GARDENS FL 33418**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	P MORAN, WILLIAM A	7 BANNOCK RD	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: ~~NON SIGNATURE REQUIRED~~
WILLIAM A MORAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 **561-691-4564**
Date Daytime Phone #

CR2E034 (9/01)