

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

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

~~970 OCEAN DRIVE~~

~~970 OCEAN DRIVE~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

MORAN, WILLIAM A

7 BANNOCK RD.

PALM BEACH GARDENS FL 33418

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

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

WILLIAM A MORAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

561-691-4564

Daytime Phone #

CR2E034 (9/01)