

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025184

1. Entity Name

TIMOTHY L. MOORE ENTERPRISES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90283 002 ***150.00

Principal Place of Business

Mailing Address

~~9915 TAMiami TRAIL NORTH, SUITE #2~~
~~NAPLES FL 34108~~

~~9915 TAMiami TRAIL NORTH, SUITE #2~~
~~NAPLES FL 34108~~

2. Principal Place of Business

3. Mailing Address

10137 SUNSHINE DR.

10137 SUNSHINE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONITA SPRINGS, FL

BONITA SPRINGS, FL

Zip

Country

Zip

Country

34135

USA

34135

USA

6. Name and Address of Current Registered Agent

4. FEI Number

59-3567319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

LAMB, JEFFREY R
9915 TAMiami TRAIL NORTH, SUITE #2
NAPLES FL 34108

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, 2001 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 ☐ Delete
NAME
D
STREET ADDRESS
MOORE, TIM
CITY-ST-ZIP
10137 SUNSHINE DRIVE
BONITA SPRINGS FL 34135

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY MOORE

X 01-24-01

Date

X 941-948-9044

Daytime Phone #

CR2E034 (10/00)