

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000047594

1. Entity Name

A MOORE ACCURATE HOME INSPECTION INC

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90828 002 \*\*\*150.00

Principal Place of Business

1891 SPRUCE CREEK BLVD EAST  
DAYTONA BEACH FL 32124

Mailing Address

1891 SPRUCE CREEK BLVD EAST  
DAYTONA BEACH FL 32124

2. Principal Place of Business

1339 BEVILLE RD  
Suite, Apt. #, etc.

3. Mailing Address

1339 BEVILLE RD  
Suite, Apt. #, etc.

City & State

DAYTONA BCH FL  
Zip 32119 Country VOLUSIA

City & State

DAYTONA BCH FL  
Zip 32119 Country VOLUSIA

4. FEI Number

59-3578696

Applied For

Not Applicable

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

ADAIR, MELODY H  
1339 BEVILLE ROAD  
DAYTONA BEACH FL 32119

Name

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

City

State

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's 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 NAME STREET ADDRESS CITY-STATE-ZIP	P MOORE, SCOTT D 1891 SPRUCE CREEK BLVD., E DAYTONA BEACH FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP MOORE, RALPH P 1891 SPRUCE CREEK DR. DAYTONA BEACH FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Scott P. Moore* SCOTT MOORE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 386-763-0600  
Date Daytime Phone

CR2E034 (10/00)