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DOCUI	MENT # P990000		KI	(UBK)					
JEANNETTE MOORE, INC.						FILED			
Principal Place of Business Mailing Address					UI SEP 28 AM 10: U5				
526 MORNINGSIDE DRIVE PONTE VEDRA BEACH FL 32082		526 MORNINGSIDE DRIVE PONTE VEDRA BEACH FL 32082			SECRETARY OF STATE TALLAHASSEE FLORIDA				
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			_	DO NOT WRITE IN TH	S SPACE		
City & State	e	City & State			4. F	El Number 59-3579280		pplied For ot Applicable	
Zip	Country	Zip	Coun	5. Certificate of Status Desired		Certificate of Status Desired	\$9.75 Additional		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
526 I	re, Jeannette Morningside Drive Te Vedra Beach FL 32082			Street Address	(P.O. B	iox Number is Not Acceptable)			
				: City		F	Zip Coo	de	
Tax filing	Signaly e / rped or printed name of registered agent of praction is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	rd title if applicable. (NOT FILE NOW After MAY 1, 20 Make Check Payal	!!! FEE 001 Fee	will be \$550.00		10. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOORE, JEANNETTE 526 MORNINGSIDE DRIVE PONTE VEDRA BEACH FL 32082	☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				20000464! -10/19/01- *****50-0	Change 5062 -01023	☐ Addition 1 017 50 100	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1		****550.00	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				MA	. Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STRE CITY	E E EET ADDRESS -ST-ZIP		119 07(3)(i) Florida Statutes, I further	Change	Addition	

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: