

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075703

1. Entity Name

KEN MOORE, INC.

Principal Place of Business

1517 CLEVELAND STREET  
HOLLYWOOD FL 33020

Mailing Address

1517 CLEVELAND STREET  
HOLLYWOOD FL 33020-3231

2. Principal Place of Business

5400 N. OCEAN BL.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

Country

4. FEI Number

650943258

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, KENNETH L  
1517 CLEVELAND STREET  
HOLLYWOOD FL 33020

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

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, 2000 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: D  
NAME: MOORE, KENNETH L  
STREET ADDRESS: 1517 CLEVELAND STREET  
CITY-ST-ZIP: HOLLYWOOD FL 33020

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP:   
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90086 025 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2000 (06/00)