

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90294 011 \*\*\*150.00

**DOCUMENT # P99000096802**

**1. Entity Name**  
**R.C. MOORE DISTRIBUTION SERVICES, INC.**

**Principal Place of Business**

**8 GINN RD.**  
**SCARBOROUGH ME 04074**

**Mailing Address**

**PO BOX 1210**  
**SCARBOROUGH ME 04070**

**2. Principal Place of Business**

**3. Mailing Address**

**B GINN Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**SCARBOROUGH Me**

**4. FEI Number**

**01-0530260**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**04074**

**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**

**NATIONAL CORPORATE RESEARCH, LTD., INC.**  
**1406 HAYS ST., STE. 2**  
**TALLAHASSEE FL 32301**

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** **P** ☐ Delete  
**NAME** **MOORE, RICHARD**  
**STREET ADDRESS** **9 WILDROSE LANE**  
**CITY-ST-ZIP** **SCARBOROUGH ME 04074**

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

**TITLE** **V** ☐ Delete  
**NAME** **MOORE, KELLY**  
**STREET ADDRESS** **P.O. BOX 1210**  
**CITY-ST-ZIP** **SCARBOROUGH ME 04074**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **8 GINN Rd**  
**CITY-ST-ZIP**

**TITLE** **V** ☐ Delete  
**NAME** **MOORE, SHAWN**  
**STREET ADDRESS** **20 HORSESHOE DRIVE**  
**CITY-ST-ZIP** **SCARBOROUGH ME 04074**

**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  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:**

**Kelly Moore**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-9-02 207-883-5184**

CR2E034 (9/01)