

AMENDED
FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096802

1. Entity Name

R.C. MOORE DISTRIBUTION SERVICES, INC.

FILED

02 OCT -8 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

117 Muirfield Drive

Suite, Apt. #, etc.

3. Mailing Address

75 Pearl Street

Suite, Apt. #, etc.

P.O. Box 9785

City & State
Daytona Beach

City & State
Portland, ME

Zip
FL

Country
32120

Zip
04104

Country
USA

4. FEI Number

01-0530260

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
National Corporate Research, Ltd., Inc.

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

1406 Hays Street, Suite 2

City
Tallahassee

FL

Zip Code
32301

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

Theresa M. Lennon Asst Secretary 10/7/02

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

P/D
Shawn R. Moore
8 Ginn Road
Scarborough, ME 04074

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T/D
Kelly E. Moore
8 Ginn Road
Scarborough, ME 04074

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
David Wilson
8 Ginn Road
Scarborough, ME 04074

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
Richard C. Moore
8 Ginn Road
Scarborough, ME 04074

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Shawn R. Moore

Shawn R. Moore, President

9-25-02

(207) 883-5184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)