

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 016 ***150.00

DOCUMENT # P 99 000 106 408

1. Entity Name

C. Moore Painting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2593 Amberly Rd.

Suite, Apt. #, etc.

3. Mailing Address

2593 Amberly Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, Florida

City & State

Palm Bay, Florida

4. FEI Number

59-3621977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Crystal Moore

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

2593 Amberly Rd.

City Palm Bay

FL

Zip Code 32905

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) ☐

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 P.T.D.
NAME Chris Norman
STREET ADDRESS 2593 Amberly Rd.
CITY-ST-ZIP Palm Bay, FL 32905

TITLE S.D.
NAME Crystal Moore
STREET ADDRESS 2593 Amberly Rd.
CITY-ST-ZIP Palm Bay, FL 32905

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Crystal Moore-Norman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

Daytime Phone #

CR2E034B (12/01)