

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91901 048 ***150.00

DOCUMENT # P99000106408

1. Entity Name

C. MOORE PAINTING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2593 Amberly Road

Suite, Apt. #, etc.

3. Mailing Address

2593 Amberly Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Bay, FL

City & State

Palm Bay, FL

4. FEI Number

59-3621977

Applied For

Not Applicable

Zip
32905

Country
US

Zip
32905

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Crystal Moore

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

2593 Amberly Road

City Palm Bay

FL

Zip Code
32905

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when translating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P.T.D
Chris Norman
2593 Amberly Rd.
Palm Bay, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S.D
Crystal Moore
2593 Amberly Rd.
Palm Bay, FL 32905

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Crystal Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

CR2E034B (12/02)