

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

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

05-27-2002 90397 030 \*\*\*150.00

DOCUMENT #

1. Entity Name

HANNERLE MOORE, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

201 Gulf of Mexico Drive

Suite, Apt. #, etc.

Suite 1

City & State

Sarasota, Florida

Zip

34228

Country

Sarasota

3. Mailing Address

201 Gulf of Mexico Drive

Suite, Apt. #, etc.

Suite 1

City & State

Sarasota, Florida

Zip

34228

Country

Sarasota

4. FEI Number

65-0486027

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Hannerle Moore

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

201 Gulf of Mexico Drive

Suite 1

City  
Sarasota

FL

Zip Code  
34228

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

4/30/02

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  
President & Director  
Hannerle Moore  
201 Gulf of Mexico Drive, Ste 1  
Sarasota, Florida 34228

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(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:

(Signature and typed or printed name of signing officer or director)

4/30/02

Date

941/383-6411

Daytime Phone #

CR2E034B (12/01)