2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02-10-2004 90038 047 ***350.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

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DOCUMENT # P99000111979

1. Entity Name
HANNERLE MOORE, P.A.

Principal Place of Business	Mailing Address
201 GULF OF MEXICO DRIVE SUITE 1 LONGBOAT KEY FL 34228	201 GULF OF MEXICO DRIVE SUITE 1 LONGBOAT KEY FL 34228

01/06/04 01082 007 $550.00

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
595 Bay Isles Road	595 Bay Isles Road
Suite, Apt. #, etc. Suite 115	Suite, Apt. #, etc. Suite 115
City & State Longboat Key, FL	City & State Longboat Key, FL
Zip 34228 Country USA	Zip 34228 Country USA

4. FEI Number 65-0486027 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, HANNERLE
~~201 GULF OF MEXICO DR.~~ 595 Bay Isles Road
~~STE 1~~ Suite 115
~~SARASOTA FL 34228~~ Longboat Key, FL 34228

7. Name and Address of New Registered Agent

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

SIGNATURE [signature] 12/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, HANNERLE 21 GULF OF MEXICO DR., STE 1 SARASOTA FL 34228	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Moore, Hannerle 595 Bay Isles Rd, Suite 115 Longboat Key, FL 34228	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200026188232 01/06/04--01082--007 **550.00	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 12/24/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)