## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR P

NTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # S45179** 1. Entity Name MOORE AND ASSOCIATES OF BREVARD, INC. 02-01-2001 90025 021 \*\*\*150.00 Mailing Address Principal Place of Business 940 W. WHITMIRE DRIVE 940 W. WHITMIRE DRIVE MELBOURNE FL 32935 MELBOURNE FL 32935 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3068348 Not Applicable \$8.75 Additional Zip Country Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOORE, GARY C. Street Address (P.O. Box Number is Not Acceptable) 940 W. WHITMIRE DRIVE MELBOURNE FL 32935 Zip Code FL "y submits this statement for the purpose of channing its registered office or registered agent, or both, in the State of Florida. 8. The above nant & printed name of registered agent and title if applicable. (NOTE: Registered Agen; signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE NAME MOORE, GARY C. STREET ADDRESS STREET ADDRESS 940 W WHITMIRE DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MOORE, ELISA D. NAME STREET ADDRESS STREET ADDRESS 940 W WHITMIRE DR CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

C. MOORE

FILED