

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V31364**

1. Entity Name

**BOBBY MOORE'S CUSTOM MARINE, INC.**

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90016 031 \*\*\*150.00

Principal Place of Business <b>3016 N.E. 188TH ST. NORTH MIAMI BEACH FL 33180</b>	Mailing Address <b>3016 N.E. 188TH ST. NORTH MIAMI BEACH FL 33180-2913</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0332172**  Applied For  
 Not Applied

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOORE, BOBBY**  
**3016 NE 188TH STREET**  
**N. MIAMI BEACH FL 33180**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
DP	MOORE, BOBBY	3016 N.E. 188 ST	N. MIAMI BEACH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
VP	MOORE, JOANNE	3016 NE 188TH ST	N. MIAMI BCH FL	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Additio

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE MOORE 1-18-00 305931.357  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #