

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90224 033 \*\*\*150.00

**DOCUMENT # V31364**

1. Entity Name  
**BOBBY MOORE'S CUSTOM MARINE, INC.**

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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6231 SW 32ND STREET</b>	3. Mailing Address <b>6231 SW 32 STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIRAMAR, FL</b>	City & State <b>MIRAMAR, FL</b>	4. FEI Number <b>65-0332172</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33023</b>	Country <b>USA</b>	Zip <b>33023</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MOORE, BOBBY          3016 NE 188TH STREET          N. MIAMI BEACH FL 33180</b>		7. Name and Address of New Registered Agent Name <b>MOORE, BOBBY</b> Street Address (P.O. Box Number is Not Acceptable) <b>6231 SW 32ND STREET</b> City <b>MIRAMAR</b> FL Zip Code <b>33023</b>	
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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 *Bobby Moore* **BOBBY MOORE** **3-9-01**  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, BOBBY 3016 N.E. 188 ST N. MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, JOANNE 3016 NE 188TH ST N. MIAMI BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bobby Moore* **Bobby Moore** **3-9-01** **(954) 981-5965**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)