

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

329431 AV

DOCUMENT # **V52534**

Entity Name

THE LAW OFFICES OF GEORGE L. MOXON, P.A.



FILED

03 SEP 22 AM 9:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

~~705 NE THIRD AVE~~
LAUDERDALE FL 33304

Mailing Address

~~705 NE THIRD AVE~~
FT LAUDERDALE FL 33304

Principal Place of Business

8 N.E. 2ND AVE.

Suite, Apt. #, etc.

3. Mailing Address

718 N.E. 2ND AVE.

Suite, Apt. #, etc.

800023278098
09/23/03--01037--027 **\$1.25

☒ CHECK HERE IF MAKING CHANGES

City & State

same

City & State

same

4. FEI Number

65-0407717

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TUCKER, WILLIAM D.

~~705 NE THIRD AVENUE~~ **718 N.E. 2nd AVE.**
FT. LAUDERDALE FL 33304

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

0. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D MOXON, GEORGE L**
STREET ADDRESS ~~705 NE THIRD AVE~~ **718 N.E. 2nd AVE.**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Date

954/524-4114

Daytime Phone #

CR2E034 (10/02)