

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90008 025 \*\*\*150.00

**DOCUMENT # P98000029095**  
 1. Entity Name  
**BRIGHTMOON INDUSTRIES, INC.**

Principal Place of Business <b>101 BENT TREE DRIVE          UNIT 53          DAYTONA BEACH FL 32114          US</b>	Mailing Address <b>101 BENT TREE DRIVE          UNIT 53          DAYTONA BEACH FL 32114-7111          US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box <del>265580</del> 265580</b>
City & State	City & State <b>Daytona Beach, FL.</b>
Zip	Zip <b>32126</b>

4. FEI Number <b>59-3501347</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  
**TOLLEY, LEWIS R  
 101 BENT TREE DRIVE  
 UNIT 53  
 DAYTONA BEACH FL 32114**

7. Name and Address of New Registered Agent  
 Name  
**MARIAN P. TOLLEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**101 BENT TREE DR, Coado # 53**  
**Daytona Beach**  
 City  
**Daytona Beach** FL Zip Code  
**32114**

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 *Marian P. Tolley* (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> Delete <b>SLADE, DALE ALLEN</b> <b>101 BENT TREE DRIVE, UNIT 53</b> <b>DAYTONA BEACH FL 32114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input type="checkbox"/> Delete <b>LAMBRIGHT-SLADE, LORENA L</b> <b>101 BENT TREE DRIVE, UNIT 53</b> <b>DAYTONA BEACH FL 32114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>TOLLEY, LEWIS R</b> <b>101 BENT TREE DRIVE, UNIT 53</b> <b>DAYTONA BEACH FL 32114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <input type="checkbox"/> Delete <b>TOLLEY, MARIAN P</b> <b>101 BENT TREE DRIVE, UNIT 53</b> <b>DAYTONA BEACH FL 32114</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARIAN P. TOLLEY</b>
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"/> 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: *Marian P. Tolley* **FILED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #