

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94710

1. Entity Name

WALTER R. MOON, P.A.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90141 021 \*\*\*150.00

Principal Place of Business

200 NORTH PRIMROSE DR  
~~1218 E. ROBINSON STREET~~  
ORLANDO FL 32803  
US

Mailing Address

200 NORTH PRIMROSE  
~~1218 E. ROBINSON STREET~~  
ORLANDO FL 32803  
US

00009231



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

200 NORTH PRIMROSE DR  
Suite, Apt. #, etc.

200 NORTH PRIMROSE DR  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2207015

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

MOON, WALTER R.  
200 N PRIMROSE DR  
ORLANDO FL 32803

Name

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

City

FL

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, 2001 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	PD MOON, WALTER R 200 N PRIMROSE DR ORLANDO, FL 00000 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1218 E. Robinson St	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	is old address.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 N. Primrose	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	is correct.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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:

Walter R. Moon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER R MOON, PRES.

1/16/01

Date

407-898-6600

Daytime Phone #

CR2E034 (10/00)