

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State
 05-12-2001 90003 019 ***150.00

DOCUMENT # F99000003680

1. Entity Name

MINNESOTA HALF MOON, INC.

Principal Place of Business

Mailing Address

2525 NEVADA AVE., N.

2525 NEVADA AVE., N.

STE 103

STE 103

GOLDEN VALLEY MN 55427

GOLDEN VALLEY MN 55427

762082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **41-1683615**

Applied For

Not Applicable

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

ANDERSON, DAVE
3605 BELLE SHADOW LANE
TAMPA FL 33631

Name

Dave Anderson

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

5341 Harbor Side Dr.

City

Tampa

FL

Zip Code

33615

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

Dave Anderson

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

(NOTE: Registered Agent signature required when reinstating)

4 24 01

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 **PST** ☐ Delete
 NAME **ANDERSON, DAVE**
 STREET ADDRESS **3605 BELLE SHADOW LANE**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **PST** ☒ Change ☐ Addition
 NAME **DAVE ANDERSON**
 STREET ADDRESS **5341 HARBORSIDE DR.**
 CITY-ST-ZIP **TAMPA, FL 33615**

TITLE **V** ☐ Delete
 NAME **HILL, PAUL**
 STREET ADDRESS **39 CORMACK ST.**
 CITY-ST-ZIP **BABYLON NY**

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

TITLE **V** ☐ Delete
 NAME **WALCOTT, DONALD**
 STREET ADDRESS **2249 WOODMERE DR**
 CITY-ST-ZIP **CLEVELAND OH 44106**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Anderson

Date

4 24 01

Daytime Phone #

(703) 595 8447

CR2E034 (10/00)