

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90273 020 ***150.00

DOCUMENT # F99000003680

1. Entity Name
MINNESOTA HALF MOON, INC.



Principal Place of Business
**2525 NEVADA AVE., N.
STE 103
GOLDEN VALLEY MN 55427**

Mailing Address
**2525 NEVADA AVE., N.
STE 103
GOLDEN VALLEY MN 55427**

11013001



2. Principal Place of Business
2006 1st Ave. N.

3. Mailing Address
2006 1st Ave. N.

Suite, Apt. #, etc.
Suite 206

Suite, Apt. #, etc.
Suite 206

City & State
Anoka MN

City & State
Anoka MN

Zip Country
55303 USA

Zip Country
55303 USA

4. FEI Number **41-1683615**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ANDERSON, DAVE
12111 GLENCLIFF CIR
TAMPA FL 33626**

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PST** ☐ Delete
NAME **ANDERSON, DAVE**
STREET ADDRESS **12111 GLENCLIFF CIR**
CITY-ST-ZIP **TAMPA FL 33626**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

763 595-8447

Date

Daytime Phone #

CR2E034 (10/02)