

2000 UNIFORM BUSINESS REPORT (UBR)

21

DOCUMENT # J44291

1. Entity Name

TEN MOONS CORPORATION

FILED
Apr 27, 2000 8:00 am
Secretary of State

02-28-2000 90188 047 ***150.00

Principal Place of Business

11663 RIVERHAVEN DRIVE.
HOMOSASSA FL 34448

34448

Mailing Address

PO BOX 4553
HOMOSASSA SPRINGS FL 34447-4553
US

2. Principal Place of Business

11663 RIVERHAVEN DR.

Suite, Apt. #, etc.

3. Mailing Address

11663 RIVERHAVEN DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA, FL

Zip
34448

Country

City & State

HOMOSASSA, FL

Zip
34448

Country

US

4. FEI Number

59-2744862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARDEE, HERBERT E.

PO BOX 4553

HOMOSASSA SPRINGS FL 34447

11663 RIVERHAVEN DR.

HOMOSASSA, FL

34448

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.

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, 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

PV

HARDEE, HERBERT E.

11663 RIVERHAVEN DR

HOMOSASSA FL 34448

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST

HARDEE, GREG

17407 LA BRISA

RANCHO SANTA FE CA 92867

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STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T.I.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change

☐ 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:

Herbert E. Hardee, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2000

Date

Daytime Phone #

(357)
631-4670

CR2E034 (9/99)