

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # L01000005313

1. Entity Name

THE BLUE MOON COMPANY, LLC.



FILED

2004 JAN 16 PM 12:57

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

Mailing Address

5742 HARBOURSIDE DRIVE  
TAMPA FL 33615

PO BOX 22272  
TAMPA FL 33622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-2312880

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZIEV, JON  
5742 HARBOURSIDE DRIVE  
TAMPA FL 33615

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

6/23/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By September 24, 2003

100027099951

State 16/04--01036--005 \*\*100.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME ZIEV, JON  
STREET ADDRESS POST OFFICE BOX 22265  
CITY-ST-ZIP TAMPA FL 33622 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition

REINSTATEMENT

☐ Change ☒ Addition

2003-04

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6-23-03

202

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2004 JAN 16 PM 12:57

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**TO: Division of Corporation**

**Fax#:**

**Company: State of Florida**

**RE:**

**Date: January 8, 2004**

**Memo:**

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Dear Sirs;

This is the Blue Moon Company, I am sending two reports, one for 2003, and 2004. I have spoken with Jason at the number 850-245-6051.

I was surprised to hear that My company was listed inactive which I had mailed in report on June 23, 2003 with a money order.

He advised that I am to send a letter saying that I never received the revocation letter from Division of Corporation, so I am allowed to pay \$100 for both 2003 and 2004.

Anyway, the company has new addresses...

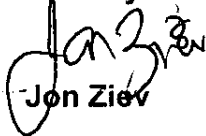
Old address:

Post Office Box 22272  
Tampa, Florida 33622

New Address:

POB 692207  
Orlando, Florida 32869

Thank you....

  
Jon Ziev

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From the desk of. Jon Ziev  
The Blue Moon Company, LLC  
Post Office Box 692207  
Orlando, Florida 32869  
Fax: 407-264-2932  
Email: bluemoontampa@aol.com