

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90334 035 \*\*\*150.00

DOCUMENT # L42652

1. Entity Name  
**BLUE MOON INVESTIGATIONS, INC.**

Principal Place of Business **5003 SW HAMMOCK CREEK DR.** Mailing Address **3131 SW MARTIN DOWNS BLVD # 344**  
~~3573 SW CORPORATE PKWY~~ PALM CITY FL 34990  
 US PALM CITY, FL. 34990

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **5003 SW HAMMOCK Creek Dr.** 3. Mailing Address **3131 SW MARTIN DOWNS BLVD**  
 Suite, Apt. #, etc. **#344**

City & State **PALM CITY, FL** City & State **PALM CITY, FL**  
 Zip **34990** Country **US** Zip **34990** Country **US**

4. FEI Number **65-0166156** Applied For   
 Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PUCGIO, PAUL N.**  
~~3573 SW CORPORATE PARKWAY~~ **3131 SW MARTIN DOWNS BLVD #344**  
 PALM CITY FL 34990

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 **PAUL N. PUCGIO** DATE **3/1/01**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>PUCGIO, PAUL N.</b>	<b>3131 SW MARTIN DOWNS</b>
STREET ADDRESS	<del>3573 SW CORPORATE PARKWAY</del>	<b>BLVD. #344</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>PUCGIO, MICHELLE K.</b>	<b>3131 SW MARTIN</b>
STREET ADDRESS	<del>3573 SW CORPORATE PARKWAY</del>	<b>DOWNS BLVD</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>	<b>#344</b>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUCGIO, PAUL N.</b>	<b>3131 SW MARTIN DOWNS BLVD #344</b>
STREET ADDRESS	<b>3131 SW MARTIN DOWNS BLVD #344</b>	
CITY-ST-ZIP	<b>PALM CITY, FL. 34990</b>	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUCGIO, MICHELLE K.</b>	<b>3131 SW MARTIN DOWNS BLVD #344</b>
STREET ADDRESS	<b>3131 SW MARTIN DOWNS BLVD #344</b>	
CITY-ST-ZIP	<b>PALM CITY, FL. 34990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MICHELLE K. PUCGIO** DATE **3/1/01** DAYTIME PHONE # **561-219-0811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)