

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90018 035 \*\*\*150.00

**DOCUMENT # L42652**

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

Principal Place of Business

**5003 SW HAMMOCK CREEK DRIVE  
 PALM CITY FL 34990  
 US**

Mailing Address

**3131 SW MARTIN DOWNS BLVD.  
 # 344  
 PALM CITY FL 34990  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2740 SW MARTIN DOWNS BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**255**

City & State

City & State

**PALM CITY, FL.**

4. FEI Number

**65-0166156**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34990**

**USA**

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

**PUCCIO, PAUL N.  
 3131 SW MARTIN DOWNS BLVD.  
 # 344  
 PALM CITY FL 34990**

Name **PAUL N. Puccio**

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

**2740 SW MARTIN DOWNS BLVD. 255**

City **PALM CITY**

**FL**

Zip Code **34990**

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 **Michelle K. Puccio**

**1-17-02**

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, 2002 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 **PD** ☐ Delete  
 NAME **PUCCIO, PAUL N**  
 STREET ADDRESS **3131 SW MARTIN DOWNS BLVD. #344**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **PAUL N. Puccio**  
 STREET ADDRESS **2740 SW MARTIN DOWNS BLVD #255**  
 CITY-ST-ZIP **PALM CITY, FL. 34990**

TITLE **VT** ☐ Delete  
 NAME **PUCCIO, MICHELLE K**  
 STREET ADDRESS **3131 SW MARTIN DOWNS BLVD. # 344**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VT** ☒ Change ☐ Addition  
 NAME **MICHELLE K. Puccio**  
 STREET ADDRESS **2740 SW MARTIN DOWNS BLVD #255**  
 CITY-ST-ZIP **PALM CITY, FL. 34990**

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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. Puccio**

**1-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #