

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L86669

1. Entity Name

MOON SHADOW NOUVEAU, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90213 040 ***150.00

Principal Place of Business

Mailing Address

338 COREY AVE.
ST. PETERSBURG BCH. FL 33706

338 COREY AVE.
ST. PETERSBURG BCH. FL 33706-1817

2. Principal Place of Business

3. Mailing Address

326 COREY AVE
Suite, Apt. #, etc.

326 COREY AVE.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

St Pete Beach FL

ST PETE BEACH FL

4. FEI Number

59-3017586

Applied For

Not Applicable

Zip

Country

Zip

Country

33706

USA

33706

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

MILLER-MCCLEARY, K-ANN
326 COREY AVE.
ST. PETERSBURG BCH. FL 33706

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MILLER-MCCLEARY, K-ANN
CITY-ST-ZIP 326 COREY AVE.
ST PETERSBURG BCH FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS MILLER-MCCLEARY, K-ANN address
CITY-ST-ZIP 326 COREY AVE
ST PETE BEACH, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *K-Ann Miller-McCleary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00 (727) 360-0559
Date Daytime Phone #