

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 28 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000022045

1. Entity Name

Blue Moon Equine Services, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10429 Green Links Dr  
Suite, Apt. #, etc.

3. Mailing Address

10429 Green Links Dr  
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3694412

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Marjorie W. Miller, DUM

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

10429 Green Links Dr

City

Tampa

FL

Zip Code

33626

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

Marjorie W. Miller, DUM

Marjorie W. Miller, DUM

10-22-02

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
President / 11/10  
Marjorie W. Miller, DUM  
10429 Green Links Dr  
Tampa, FL 33626

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Marjorie W. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

813-920-4693

Daytime Phone #

CR2E034B (12/01)



Marjorie W. Miller, D.V.M.

Annette,

Thank you so very much for your help!

Best,

Margie

Marjorie W. Miller, DVM  
Blue Moon Equine Services  
10429 Green Links Drive  
Tampa, Florida 33626  
813-453-2881

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs,

My accountant has made several errors in regard to my corporation, Document Number P01000022045. The original name of the corporation was Blue Moon Audiovisual, Inc and the name was changed to Blue Moon Equine Services, Inc. on August 23, 2002. My accountant provided incorrect information as to name and address of the officer when he formed the corporation; I was told that the corrections had been completed in April of 2001. My legal name changed from Wittcoff to Miller in November 1991, and I moved from the Innfields Drive address in December of 2000. Consequently, I never received notification of delinquency.

Please return my corporation to active status.

Thank you,

A handwritten signature in cursive script that reads "Marjorie Wittcoff Miller, DVM". The signature is written in dark ink and is positioned above the printed name.

Marjorie Wittcoff Miller, DVM