

9/4/2

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 03, 2002 8:00 am
Secretary of State

09-04-2002 90091 032 ***550.00

DOCUMENT # P01000069912

1. Entity Name

CAPTIVA MOON, INC.

Principal Place of Business

6873 BROOK HOLLOW ROAD
 LAKE WORTH FL 33467

Mailing Address

6873 BROOK HOLLOW ROAD
 LAKE WORTH FL 33467

2. Principal Place of Business

5223 CANAL CIR W

Suite, Apt. #, etc.

3. Mailing Address

5223 CANAL CIR W

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

4. FEI Number

05-1121248

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BUTTS, LISA K

6873 BROOK HOLLOW ROAD
 LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

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

5223 CANAL CIR W

City

LAKE WORTH**FL**

Zip Code

33467

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, 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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	D BUTTS, LISA K	6873 BROOK HOLLOW ROAD	LAKE WORTH FL 33467	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LISA KAY BUTTS	5223 CANAL CIR W	LAKE WORTH, FL 33467	<input type="checkbox"/>
				<input type="checkbox"/>
		Captiva Moon	5223 Canal Circle West	<input type="checkbox"/>
		Lake Worth, FL 33467	561-304-7474	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/02

Date

561-541-6550

Daytime Phone #

CR2E034 (9/01)