

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90443 034 ***150.00

DOCUMENT # P01000121005

1. Entity Name
MOON DOGGY'S SURF N SPORTS, INC.



Principal Place of Business
56 SPIRES LANE NO 16
SANTA ROSA BEACH FL 32459

Mailing Address
56 SPIRES LANE NO 16
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

37 Town Center Loop

3. Mailing Address

37 Town Center Loop

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

#9

City & State

Santa Rosa Beach, FL

City & State

Santa Rosa Beach, FL

Zip

32459

Country

Walton

Zip

32459

Country

Walton

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0553273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIEB, JENNIFER

56 SPIRES LANE NO 16

SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

Name

Jennifer Lieb

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

37 Town Center Loop #9

City

Santa Rosa Beach

FL

Zip Code

32459

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jennifer A. Lieb
Signature, typed or printed name of registered agent and title if applicable.

Jennifer A. Lieb

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MURRAY, ASHLEIGH
STREET ADDRESS 660 BALDWIN AVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE V ☐ Delete
NAME MURRAY, BARBARA
STREET ADDRESS 660 BALDWIN AVE
CITY-ST-ZIP DEFUNIAK SPRINGS FL

TITLE ST ☐ Delete
NAME LIEB, JENNIFER
STREET ADDRESS 56 SPIRES LANE NO 16
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Murray, Ashleigh
STREET ADDRESS 37 Town Center Loop #9
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE V ☒ Change ☐ Addition
NAME Murray, Barbara
STREET ADDRESS 37 Town Center Loop #9
CITY-ST-ZIP Santa Rosa Beach, FL 32459

TITLE ST ☒ Change ☐ Addition
NAME Lieb, Jennifer
STREET ADDRESS 37 Town Center Loop #9
CITY-ST-ZIP Santa Rosa Beach, FL 32459

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jennifer A. Lieb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jennifer A. Lieb 4-16-03 850-267-9995

Date

Daytime Phone #

CR2E034 (10/02)