

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90109 007 ***150.00

DOCUMENT # P02000006006

1. Entity Name
MOONDUST PRODUCTIONS, INC.



Principal Place of Business
13 WALT PLACE
PALM COAST FL 32164

Mailing Address
13 WALT PLACE
PALM COAST FL 32164

60021094



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

90-0007316

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NOWELL, SIDNEY M
4 OLD KINGS ROAD N STE B
PALM COAST FL 32137

Name **Nowell, Sidney M.**

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

300 NO. STATE ST.

City

Bunnell, FL

Zip Code

32110

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 **Nowell, Sidney M.**

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

(NOTE: Registered Agent signature required when reinstating)

4/20/2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LEVINE, ROBERT J**
STREET ADDRESS **13 WALT PLACE**
CITY-ST-ZIP **PALM COAST FL 32164**

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

TITLE **D** ☒ Delete
NAME **LEVINE, ROBERT J**
STREET ADDRESS **13 WALT PLACE**
CITY-ST-ZIP **PALM COAST FL 32164**

TITLE **D.** ☒ Change ☐ Addition
NAME **LEVINE, KATHRYN**
STREET ADDRESS **13 WALT PLACE**
CITY-ST-ZIP **PALM COAST, FL- 32164**

TITLE **D** ☐ Delete
NAME **WRIGHT, JAMES E.**
STREET ADDRESS **13 WALT PLACE**
CITY-ST-ZIP **PALM COAST FL 32164**

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

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: **Robert Levine** **4/20/03** **386-445-7351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (10/02)