2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 27, 2003 8:00 am
Secretary of State

05-01-2003 90974 007 ***150.00

55044084

DOCUMENT # P02000055518

1. Entity Name
FLORIDA FULL MOON INC.

Principal Place of Business	Mailing Address
204 RIVERVIEW BLVD STE 100	204 RIVERVIEW BLVD STE 100
DAYTONA BEACH FL 32118	DAYTONA BEACH FL 32118

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

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
REBER, CHARLES	Name
204 RIVERVIEW BLVD STE 100	Street Address (P.O. Box Number is Not Acceptable)
DAYTONA BEACH FL 32118	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	REBER, CHARLES		NAME	
STREET ADDRESS	204 RIVERVIEW BLVD STE 100		STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VAIL, MARIYLN		NAME	
STREET ADDRESS	529 ANDREWS		STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32174		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (10/02)

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: Charles Reber REQUIRED 4-28-03 386-252-8126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 55044084

#P02000055518

Re: Telephone conversation with the Florida Department of State, Division of Corporations on May 23, 2003; The Federal Employment Identification (FEI) number is checked as discussed as not applicable as a result of the fact that Florida Full Moon Inc. is a passive intity. Operations in stocks and ~~real estate require~~ no one be employed. Referance P02000055518 furthermore it has been documented thet a check for $150.00 was cashed. We have indicated that EFI is not applicable. There were no capital gaines no profit to report during the period since the inception of Florida Full Moon Inc.

Sincerely;

Charles Reber

Charles Reber