

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT -7 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0134092 AT



REINSTATEMENT  
CHECK HERE IF MAKING CHANGES 07

**DOCUMENT # P02000095588**

1. Entity Name  
**FULL MOON MUSIC, INC.**



Principal Place of Business  
**6466 US HIGHWAY 41 N  
APOLLO BEACH FL 33572**

Mailing Address  
**6466 US HIGHWAY 41 N  
APOLLO BEACH FL 33572**

2. Principal Place of Business  
**205 APOLLO BEACH BL.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**# 1116**

Suite, Apt. #, etc.

City & State  
**APOLLO BEACH, FL**

City & State

Zip  
**33572**

Country

4. FEI Number  
**01-8742629**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ALDRICH, WAYNE R  
6503 DOLPHIN COVE DR  
APOLLO BEACH FL 33572**

7. Name and Address of New Registered Agent

Name

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

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 *Wayne R. Aldrich* DATE **9-2-03**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P ALDRICH, WAYNE R 6503 DOLPHIN COVE DR APOLLO BEACH FL 33572</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Wayne R. Aldrich* DATE **9-2-03** 813/645-5428

Signature, typed or printed name of signing officer or director

CR2E034 (4/03)

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