

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000128424

1. Entity Name
H MOON LAKE, INC.



Principal Place of Business
9978 NEW HOPE COURT
ISTACHATTA FL 34636

Mailing Address
9978 NEW HOPE COURT
ISTACHATTA FL 34636

2. Principal Place of Business

3. Mailing Address

P.O. Box 176

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Istachatta FL

Zip

Country

Zip

Country

34636

USA

6. Name and Address of Current Registered Agent

DICKINSON, RAY
9978 NEW HOPE COURT
ISTACHATTA FL 34636

7. Name and Address of New Registered Agent

Name Deborah Dickinson
Street Address (P.O. Box Number is Not Acceptable)
9978 New Hope Ct.
P.O. Box 176
City Istachatta FL Zip Code 34636

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

Ray Dickinson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-18-03

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition
NAME President
STREET ADDRESS Ray Dickinson
CITY-ST-ZIP 9978 New Hope Ct.
Istachatta, FL 34636

TITLE ☐ Change ☐ Addition
NAME Sec. Treasurer
STREET ADDRESS Deborah Dickinson
CITY-ST-ZIP 9978 New Hope Ct.
Istachatta FL 34636

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03

352-799-6487

CR2E034 (10/02)