

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000056107****1. Entity Name**  
**HARVEST MOON, INC.****FILED**  
**Mar 14, 2001 8:00 am**  
**Secretary of State**

03-14-2001 90006 023 \*\*\*150.00

**Principal Place of Business**2790 45 ST S  
GULFPORT FL 33711  
US**Mailing Address**2790 45 ST S  
GULFPORT FL 33711  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number** 65-0432480

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**MCCAUGHAN, RONALD D  
2790 45 ST S  
GULF PORT FL 33711

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.****SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State****10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	MCCAUGHAN, RONALD	
STREET ADDRESS	2790 45 ST S	
CITY-ST-ZIP	GULFPORT FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MCCAUGHAN, HARRIET	
STREET ADDRESS	2790 45 ST S	
CITY-ST-ZIP	GULFPORT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. 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 11 or Block 12 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

Date

Daytime Phone

CR2E034 (10/00)