

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90042 048 ***150.00

DOCUMENT # P93000056107

1. Entity Name
HARVEST MOON, INC.



Principal Place of Business

~~2790 45 ST S~~
GULFPORT FL 33711
US

Mailing Address

~~2790 45 ST S~~
GULFPORT FL 33711
US

20017403



2. Principal Place of Business

4740 BAYWOOD POINT DR S.
Suite, Apt. #, etc.

3. Mailing Address

4740 BAYWOOD POINT DR S.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

GULFPORT FL

City & State

GULFPORT FL

4. FEI Number

65-0432480

Applied For

Not Applicable

Zip

33711

Country

U.S.A.

Zip

33711

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAUGHAN, RONALD D

~~2790 45 ST S~~ **4740 BAYWOOD POINT DR S.**
GULF PORT FL 33711

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

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

TITLE **DP** ☐ Delete
NAME **MCCAUGHAN, RONALD**
STREET ADDRESS **2790 45 ST S**
CITY-ST-ZIP **GULFPORT FL**

TITLE **DS** ☐ Delete
NAME **MCCAUGHAN, HARRIET**
STREET ADDRESS **2790 45 ST S**
CITY-ST-ZIP **GULFPORT FL**

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
STREET ADDRESS **4740 BAYWOOD POINT DR S.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4740 BAYWOOD POINT DR S.**
CITY-ST-ZIP

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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:

WICK McCaughan REQUIRED McCaughan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)