

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2001 8:00 am
Secretary of State
 02-12-2001 90242 040 ***158.75

DOCUMENT # P93000060916

1. Entity Name

SILVER MOON CONCEPTS, INC.

Principal Place of Business

**1085 W MORSE BLVD., SUITE A
 WINTER PARK FL 32789-3763**

Mailing Address

**1085 W MORSE BLVD., SUITE A
 WINTER PARK FL 32789-3763**

2. Principal Place of Business

**422 W. FAIRBANKS AVE
 Suite 300**

3. Mailing Address

**422 W. FAIRBANKS AVE
 Suite 300**

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789-5079

Country

Zip

32789-5079

Country

4. FEI Number

65-0432407

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GOUDA, MICHAEL

**1085 W MORSE BLVD
 SUITE A
 WINTER PARK FL 32789-4907**

7. Name and Address of New Registered Agent

Name

Gouda, MICHAEL

422 W. FAIRBANKS AVE

SUITE 300

City

Winter Park, FL

FL

32789-5079

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], president

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/01

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 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete
 NAME **GOUDA, MICHAEL**
 STREET ADDRESS **1085 W MORSE BLVD, SUITE A**
 CITY-ST-ZIP **WINTER PARK FL 32789-4907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **Gouda, Michael**
 STREET ADDRESS **422 W. FAIRBANKS AVE SUITE 300**
 CITY-ST-ZIP **Winter PARK, FL 32789-5079**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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], president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/01

407-740-0384

CR2E034 (10/00)