

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000028739**

1. Entity Name

FULL MOON OVER FLORIDA, INC.

FILED  
Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90008 034 \*\*\*150.00

Principal Place of Business  
11894 150TH CT N  
JUPITER FL 33478

Mailing Address  
11894 150TH CT N  
JUPITER FL 33478

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country

City & State

Zip Country

4. FEI Number

**65-0483147**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

~~COLE, THOMAS D CPA  
140 INTRACOASTAL POINTE DR  
SUITE 305  
JUPITER FL 33477~~

Johanna Constantine

Name

EA

**Johanna Constantine, EA**

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

**15784 Alexander Run**

City

**Jupiter**

FL

Zip Code  
**33478**

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 **Johanna Constantine, EA**

**1-7-02**

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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> DIPAOLA, JANICE 11894 150TH CT N JUPITER FL 33478	<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	<b>D</b> DIPAOLA, MICHAEL 11894 150TH CT N JUPITER FL 33478	<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

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.

*Janice Dipaola*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-2002

561-747-2975

Date

Daytime Phone #

CR2E024 (9/01)