

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 08, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000033038**1. Entity Name
THE MOON UNDER WATER, INC.

Principal Place of Business	Mailing Address
105 4TH AVENUE NE 408 ST. PETERSBURG 33701 US	105 4TH AVENUE NE 408 ST. PETERSBURG 33701 US

2. Principal Place of Business	3. Mailing Address
3201 5TH AVENUE NORTH	3201 5TH AVENUE NORTH

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
ST. PETERSBURG FL	ST. PETERSBURG FL

Zip	Country	Zip	Country
33713	US	33713	US

4. FEI Number	Applied For
65-0508737	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLUCAS ALAN
105 4TH AVENUE N.E., #408

ST PETERSBURG FL
33701 US**7. Name and Address of New Registered Agent**Name
LUCAS ALAN
Street Address (P.O. Box Number is Not Acceptable)
9403 SARAZEN PLACE

City
PALMETTO FL Zip Code
34221

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 _____ **04/08/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENSON ELIZABETH A	
STREET ADDRESS	4 SECOND AVE	
CITY-ST-ZIP	SINGAPORE 1026	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEVENSON PHILIP	
STREET ADDRESS	4 SECOND AVE	
CITY-ST-ZIP	SINGAPORE 1026	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS SUZANNE	
STREET ADDRESS	105 4TH AVENUE NE 408	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS ALAN	
STREET ADDRESS	105 4TH AVENUE NE 408	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS SUZANNE	
STREET ADDRESS	9403 SARAZEN PLACE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS ALAN	
STREET ADDRESS	9403 SARAZEN PLACE	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ALAN LUCAS

D

04/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)