

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060893

1. Entity Name

BLUE MOON PROCESS AND INVESTIGATIVE SERVICES, IN

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90432 003 ***150.00

Principal Place of Business

Mailing Address

3837 NORTHDAL BLVD. #239
TAMPA FL 33624

3837 NORTHDAL BLVD. #239
TAMPA FL 33624-1841

2. Principal Place of Business

3837 Northdale Blvd

3. Mailing Address

same

Suite, Apt. #, etc.

239

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33624

Country

USA

Zip

Country

4. FEI Number

59-3343231

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

TIDWELL, SUZANETTE
12744 TRUCIOUS PLACE
TAMPA FL 33625

Name

Suzanette Tidwell

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

3837 Northdale Blvd #239

City

Tampa

FL

Zip Code

33624

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.

Address change only

SIGNATURE Suzanette Tidwell

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-00

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, 2000 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 PVST ☐ Delete
NAME TIDWELL, SUZANETTE S
STREET ADDRESS 12744 TRUCIOUS PLACE
CITY-ST-ZIP TAMPA FL 33625

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Suzanette Tidwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/00

CR2F034 10/99