2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9500060893

i. Entity Name

BLUE MOON PROCESS AND INVESTIGATIVE SERVICES. IN

FILED May 02, 2001 8:00 am Secretary of State 05-02-2001 90104 048 ***150.00

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City & State City & State City & State Country Countr	2. Principal F	Place of Business	3. Malling Address									
Time	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT V	WRITE IN	THIS SP	ACE	
Country Zip Country Zip Country S. Certilicate of Status Desired \$8.75 Additional Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Numbe	City & Stat	te	City & State			4.	FEI Number	59-3343	231		——	
TIDWELL, SUZANETTE 3837 NORTHDALE BLVD #238 TAMPA FL 33625 City FL Zip Code 6. 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 9. This corporation is eligible to satisfy its intangible Tax liting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIE. NAME STREET ADDRESS CITY-ST-2P TINE NAME SIRET ADDRESS CITY-ST-2P TIN	Zip	Country	Zip	Count	ry	5.	Certificate of	Status Desire	ed [8.75 Ad	ditional
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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, typed or printed name of ingitizered agent and title if approache Incite		_										
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 typed or presed name of registered agent and shall applicable. (NOTE Registered Agent signature reculted when reinstating) PATE 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) In OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PVST TIDWELL, SUZANETTE S STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE MAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZP CITY-	TAMPA FL 33625				City					FL	Zip Cod	de
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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.