

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90214 043 ***150.00

DOCUMENT # *P95000060893* ✓

1. Entity Name
Blue Moon Process and Investigative
Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3837 Northdale Blvd.

3. Mailing Address
3837 Northdale Blvd.

Suite, Apt. #, etc.
Suite 239

Suite, Apt. #, etc.
Suite 239

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3343231

Applied For
Not Applicable

Zip
33624

Country
Hills

Zip
33624

Country
Hills

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

7. Name and Address of Current Registered Agent

Name
Suzantte Tidwell

Street Address (P.O. Box Number is Not Acceptable)
3837 Northdale Blvd., Suite 239

City
Tampa

FL Zip Code
33624

**DO NOT WRITE
IN THIS SPACE**

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

Suzanette Tidwell

4-26-02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
Suzanette Tidwell
3837 Northdale Blvd., Ste 239
Tampa, FL 33624

TITLE
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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Suzanette Tidwell

4-26-02

813 269-0076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)