## 2002 Uniform Business Report (UBR)

changed, or on an attachi

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Mar 13, 2002 8:00 am DOCUMENT # P95000076063 **Secretary of State** 1. Entity Name 03-13-2002 90083 020 \*\*\*150.00 MOONPENNY, INC. Principal Place of Business Mailing Address 13739 CONWAY COURT 13739 CONWAY COURT HUDSON FL 34667 HUDSON FL 34667 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3339938 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee.Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WISE, DAVID I Street Address (P.O. Box Number is Not Acceptable) 13739 CONWAY COURT **HUDSON FL 34667** Zip Code City Fl its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named SIGNATURE DATE ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) Change Addition TITLE ☐ Delete TITLE WISE, DAVID I NAME CR2E034 13739 CONWAY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME WISE, PATRICIA NAME STREET ADDRESS STREET ADDRESS 13739 CONWAY CT CITY-ST-ZIP CITY-ST-ZIP **HUSON FL** TITLE ☐ Delete TITLE [] Change ☐ Addition NAME. WISE, RICHARD NAME STREET ADDRESS STREET ADDRESS 13739 CONWAY CT CITY-ST-ZIP CITY-ST-7IP **HUDSON FL** [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [ ] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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