

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090986

1. Entity Name

FULL MOON ENTERPRISES, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90083 029 ***150.00

Principal Place of Business

Mailing Address

11118 30TH STREET N.
TAMPA FL 33612

11118 30TH STREET N.
TAMPA FL 33612-6440

2. Principal Place of Business

3. Mailing Address

4819 E. BUSCH BLVD.

4819 E. BUSCH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

#103

City & State

City & State

TAMPA, FL

TAMPA, FL

Zip

33617

Country

Zip

33617

Country

4. FEI Number

59-3402949

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

LOWMAN, KAREN E
4017 N BRANCH AVE
TAMPA FL 30603

Name

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

4819 E. BUSCH BLVD.

SUITE #104

City

TAMPA

FL

Zip Code

33617

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 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)

☒

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	P	<input type="checkbox"/> Delete
NAME	LOWMAN, KAREN E	
STREET ADDRESS	11118 N 30TH ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WELSCH, ADRIENNE	
STREET ADDRESS	11118 N 30TH ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4819 E. BUSCH BLVD. #103	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	VP, S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4819 E. BUSCH BLVD. #103	
CITY-ST-ZIP	TAMPA, FL 33617	
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		<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)