

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State
 04-30-2002 90142 050 ***158.75

DOCUMENT # P96000094530

1. Entity Name

INDIGO MOON TRADING COMPANY

Principal Place of Business

**1911 FAULK DRIVE
 TALLHASSEE FL 32303
 US**

Mailing Address

**1911 FAULK DRIVE
 TALLHASSEE FL 32303
 US**

2. Principal Place of Business

4202 Resort Pointe

3. Mailing Address

4202 Resort Pointe

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

McDonough, GA

City & State

McDonough, GA

Zip

30253 Henry

Zip

30253 Henry

Country

Henry

4. FEI Number

59-3405840

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, CAROLE A
 1911 FAULK DRIVE
 TALLHASSEE FL 32303**

7. Name and Address of New Registered Agent

Name

Charles J. Reed

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

2828 Remington Green South

City

Tallahassee

FL

Zip Code

32308

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

Charles J. Reed

4-18-02

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) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JONES, HARRY B	
STREET ADDRESS	6260 BLOUNTSTOWN HWY	
CITY-ST-ZIP	TALLHASSEE FL 32310	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, CAROLE A	
STREET ADDRESS	6260 BLOUNTSTOWN HWY	
CITY-ST-ZIP	TALLHASSEE FL 32310	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Harry B	
STREET ADDRESS	4202 Resort Pointe	
CITY-ST-ZIP	McDonough, GA 30253	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Carole A.	
STREET ADDRESS	4202 Resort Pointe	
CITY-ST-ZIP	McDonough, GA 30253	
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:

Carole A. Jones
Carole A. Jones President

4/15/02

850-562-4189
850-508-6181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)