

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037698

1. Entity Name  
MOONFLOWERS, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90112 022 \*\*\*150.00

Principal Place of Business

3995 N.W. 4TH COURT  
DEERFIELD BEACH FL 33442

Mailing Address

3995 N.W. 4TH COURT  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

1120 NE 34th Court

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1759

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK FL

City & State

Fort Lauderdale FL

4. FEI Number

65-0746935

Applied For

Not Applicable

Zip

Country

33334

Broward

Zip

Country

33302

Broward

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

SHEPHERD, RONALD L  
3995 N.W. 4TH COURT  
DEERFIELD BEACH FL 33442

Name

JAY Colwell

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

1120 NE 34 Court

City

OAKLAND PARK FL

Zip Code

33334

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

J.A. Colwell

JAY A. Colwell

4/24/01

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, 2001 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	PT	<input type="checkbox"/> Delete
NAME	SHEPHERD, RONALD L	
STREET ADDRESS	3995 NW 4TH CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLWELL, JAY	
STREET ADDRESS	3995 N.W. 4TH COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

J.A. Colwell

JAY A. Colwell

4/24/01

954-566 9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)