

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90085 013 ***150.00

0327415

DOCUMENT # P97000061364

1. Entity Name

JACK RABBIT MOON, INC.

Principal Place of Business

98 SE 6TH AVE

#1
DELRAY BEACH FL 33483
US

Mailing Address

98 SE 6TH AVE

#1
DELRAY BEACH FL 33483
US

2. Principal Place of Business

2929 University Drive

Suite, Apt. #, etc.

Suite 204

City & State

Coral Springs, FL

Zip
33065

Country
Broward

3. Mailing Address

2929 University Drive

Suite, Apt. #, etc.

Suite 204

City & State

Coral Springs, FL

Zip
33065

Country
Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0770851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCINTYRE, LINDA

98 S.E. 6TH AVE 2929 University Drive

#1 Suite 204

DELRAY BEACH FL 33483 Coral Springs, FL
33065

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Linda McIntyre
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

TITLE	P	<input type="checkbox"/> Delete
NAME	MCINTYRE, AMANDA	
STREET ADDRESS	98 S.E. 6TH AVE, #1 5514 Old Ocean Blvd.	
CITY-ST-ZIP	DELRAY BEACH FL 33483 Ocean Ridge, FL 33435	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCINTYRE, MARGARET	
STREET ADDRESS	98 S.E. 6TH AVE, #1 5514 Old Ocean Blvd.	
CITY-ST-ZIP	DELRAY BEACH FL 33483 Ocean Ridge, FL 33435	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MCINTYRE, LINDA	
STREET ADDRESS	98 S.E. 6TH AVE, # 5514 Old Ocean Blvd.	
CITY-ST-ZIP	DELRAY BEACH FL 33483 Ocean Ridge, FL 33435	
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	<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	
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:

Linda McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)