

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90070 013 ***150.00

DOCUMENT # P97000064185

1. Entity Name
MOONCUSSERS, INC.



Principal Place of Business
**1008 SEMINARY ST.
KEY WEST, FL 33040**

Mailing Address
**1008 SEMINARY ST.
KEY WEST, FL 33040**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0802137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**KLITENICK, RICHARD ESQ
624 WHITEHEAD ST
KEY WEST, FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when retaining)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
RHOADES, CINDY M
1008 SEMINARY ST.
KEY WEST, FL 33040** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11. If changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

Cindy M Rhoades **Cindy M Rhoades**

4/15/03

305 294-7358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)

HEARING MAX, INC.
3880 Coconut Creek Parkway
Coconut Creek, FL 33066

3810

83-643/670
BRANCH 13085

PAY
TO THE
ORDER OF

DATE

4/28/00

FLORIDA DEPT OF STATE
DIR HUNTER FLETCHER

\$150.00

150 DOLLARS

Security
Features
Details on
Back

FIRST UNION
First Union National Bank
firstunion.com
Org: 003 R/T 067006432

FOR

FOR BLD REPORT

[Signature]

⑈003810⑈ ⑈067006432⑈ 2090001708843⑈

City		FL	Zip Code
B. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
[Signature]		[Date]	
FILING FEE \$160.00 AR: MAY 2000 Fee will be \$50.00 Make check payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May be Added to Fee:	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT	
TITLE	P LEEDS, EDWARD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEEDS, EDWARD	NAME	
STREET ADDRESS	3880 COCONUT CREEK PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33066	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11. I changed, or on an attachment with an address, with all other like empowered.			