

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

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90201 050 ***150.00

DOCUMENT# *P97000089180*

1. Entity Name

MOONWALK AND COMPANY, INC.



DO NOT WRITE IN THIS SPACE

24074551

2. Principal Place of Business

1267 SW PATRICIA AVE

Suite, Apt. #, etc.

3. Mailing Address

3209 SW PORT ST. LUCIE BLVD.

Suite, Apt. #, etc.

PM B 111

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE FL.

City & State

PORT ST. LUCIE FL.

4. FEI Number

65-0789414

Applied For

Not Applicable

Zip

34953

Country

ST. LUCIE

Zip

34953

Country

ST. LUCIE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BETSY CARL

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

1267 SW PATRICIA AVE

**DO NOT WRITE
IN THIS SPACE**

City

PORT ST. LUCIE

FL

Zip Code

34953

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 signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>P</i>
NAME	<i>CAROL BETSCHA</i>
STREET ADDRESS	<i>1267 SW PATRICIA AVE</i>
CITY-STATE-ZIP	<i>PORT ST. LUCIE FL. 34953</i>
TITLE	<i>VP</i>
NAME	<i>ORVILLE F. BETSCHA</i>
STREET ADDRESS	<i>1267 SW PATRICIA AVE</i>
CITY-STATE-ZIP	<i>PORT ST. LUCIE, FL. 34953</i>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol Betscha

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-16-04

Daytime Phone #

772-336-0558

CR2E034B (12/02)