

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90119 019 ***150.00

DOCUMENT # P98000016347

1. Entity Name
FINELY MUSED ENTERPRISES, INC.

Principal Place of Business
**1247 HAGLE PARK RD.
BRADENTON, FL 34212**

Mailing Address
**1247 HAGLE PARK RD.
BRADENTON, FL 34212**

2. Principal Place of Business
NONE / same as mailing

3. Mailing Address
1904 Dalecroft Rd

City & State

City & State
Sarasota

Zip Country

Zip Country
34235 Sarasota



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0813755** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MOON, KATHIE A
1884 HYDE PARK STREET
SARASOTA, FL 34239**

change of address only

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1904 Dalecroft Rd
City **Sarasota** FL Zip Code **34235**

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 *Kathie A. Moon* **Kathie A. Moon, President** DATE **4/14/03**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, KATHIE A 1884 HYDE PARK STREET SARASOTA, FL 34239	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUCCARONE, FRANK L 1884 HYDE PARK STREET SARASOTA, FL 34239	<input checked="" type="checkbox"/> OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, LEE O 804 BUTTONWOOD BRADENTON, FL 34208	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1904 Dalecroft Rd. Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1904 Dalecroft Rd. Sarasota, FL 34235
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Kathie A. Moon* **Kathie A. Moon** 4/14/03 941-377-0878
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)