

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066710

1. Entity Name

MOONBEAMS AND POLKA DOTS, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90150 004 ***150.00

Principal Place of Business

Mailing Address

6422 ADDINGTON PLACE
UNIVERSITY PARK FL 34201

6422 ADDINGTON PLACE
UNIVERSITY PARK FL 34239-3617

936447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1905 S. Osprey Ave
Suite, Apt. #, etc.
SARASOTA FL

1905 S. Osprey Ave
Suite, Apt. #, etc.
SARASOTA FL

City & State

City & State

4. FEI Number 65-0862917

Applied For
Not Applicable

Zip 34239

Country U.S.A

Zip 34239

Country USA

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

COURBOIS, JACQUELINE
6422 ADDINGTON PLACE
UNIVERSITY PARK FL 34201

Name Courbois Jacqueline

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

1851 Bahia Vista St.

City SARASOTA

FL Zip Code 34239

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

Jacqueline Courbois

4/8/00
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, 2000 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 D ☐ Delete
NAME COURBOIS, JACQUELINE
STREET ADDRESS 6422 ADDINGTON PLACE
CITY-ST-ZIP UNIVERSITY PARK FL 34201

TITLE ☒ Change ☐ Addition
NAME Courbois Jacqueline
STREET ADDRESS 1851 Bahia Vista St
CITY-ST-ZIP SARASOTA FL 34239

TITLE D ☒ Delete
NAME COURBOIS, GUY
STREET ADDRESS 6422 ADDINGTON PLACE
CITY-ST-ZIP UNIVERSITY PARK FL 34201

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

TITLE D ☐ Delete
NAME VENEZIO, MARA SUE
STREET ADDRESS 4002 CROCKERS LAKE BLVD #123
CITY-ST-ZIP SAYVILLE FL 34238

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 131 Ogden St.
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Delete
NAME VENEZIO, JOSEPH
STREET ADDRESS 4002 CROCKERS LAKE BLVD #123
CITY-ST-ZIP SAYVILLE FL 34238

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 131 Ogden St
CITY-ST-ZIP SARASOTA FL 34242

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Jacqueline Courbois*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-362-1122

CR2E034 (9/99)