

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90150 004 ***150.00

DOCUMENT # P98000066710

1. Entity Name

MOONBEAMS AND POLKA DOTS, INC.

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
 City & State

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

4. FEI Number **65-0862917**

Applied For
 Not Applicable

Zip **34239**

Country **USA**

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* **Jacqueline Courbois** 4/8/00
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, 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	<input type="checkbox"/> Delete
NAME	COURBOIS, JACQUELINE	
STREET ADDRESS	6422 ADDINGTON PLACE	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COURBOIS, GUY	
STREET ADDRESS	6422 ADDINGTON PLACE	
CITY-ST-ZIP	UNIVERSITY PARK FL 34201	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENEZIO, MARA SUE	
STREET ADDRESS	4002 CROCKERS LAKE BLVD #123	
CITY-ST-ZIP	SAYVILLE FL 34238	
TITLE	D	<input type="checkbox"/> Delete
NAME	VENEZIO, JOSEPH	
STREET ADDRESS	4002 CROCKERS LAKE BLVD #123	
CITY-ST-ZIP	SAYVILLE FL 34238	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Courbois Jacqueline	
STREET ADDRESS	1851 Bahia Vista St	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	131 Ogden St.	
STREET ADDRESS	SARASOTA FL 34242	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	131 Ogden St	
STREET ADDRESS	SARASOTA FL 34242	
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: *Jacqueline Courbois* **Jacqueline Courbois** 4/8/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
941-362-1122

CR2E034 (9/99)