

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90024 041 ***150.00

DOCUMENT # P98000078974

1. Entity Name

MOONLIGHTING WORKERS, INC.

Principal Place of Business

1525 SOUTHEAST 15TH STREET
 SUITE 26
 FORT LAUDERDALE FL 33316

Mailing Address

1525 SOUTHEAST 15TH STREET
 SUITE 26
 FORT LAUDERDALE FL 33316-2736

2. Principal Place of Business

2972 Holly Court
 Suite, Apt. # etc.
 N/A

3. Mailing Address

2972 Holly Court
 Suite, Apt. # etc.
 N/A



DO NOT WRITE IN THIS SPACE

City & State

Clearwater, Florida

City & State

Clearwater, Florida

4. FEI Number

65-0864033

Applied For

Not Applicable

Zip

33761

Country

USA

Zip

33761

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, RAYMOND
 1525 SE 15 ST
 STE 26
 FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name **Raymond Hawkins**
 Street Address (P.O. Box Number is Not Acceptable)
2972 Holly Court
 City **Clearwater** FL Zip Code **33761**

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 *Raymond Hawkins*

DATE **2-11-00**

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

TITLE	PD	Delete
NAME	HAWKINS, RAYMOND E	
STREET ADDRESS	1525 SOUTHEAST 15TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WALDBAUER, LINDA K	
STREET ADDRESS	1525 SOUTHEAST 15TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raymond E, Hawkins	
STREET ADDRESS	2972 Holly Court	
CITY-ST-ZIP	Clearwater, Florida 33761	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary G. Kayser	
STREET ADDRESS	2972 Holly Court	
CITY-ST-ZIP	Clearwater, Florida 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Raymond Hawkins Pres* DATE: **2-11-00** DAYTIME PHONE #: **727-799-5440**