

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088671

1. Entity Name

BLUE MOON VENTURES INCORPORATED

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90256 001 \*\*\*158.75

Principal Place of Business

3208-C E COLONIAL DR  
PMB 147  
ORLANDO FL 32803  
US

Mailing Address

3208-C E COLONIAL DR  
PMB 147  
ORLANDO FL 32803-5122  
US

2. Principal Place of Business

1500 SILVERSTONE AVE.  
Suite, Apt. #, etc.

3. Mailing Address

3208 E. COLONIAL DR.  
Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA  
Zip 32806 Country USA

City & State

ORLANDO, FL  
Zip 32803 Country USA

4. FEI Number

59-3538851

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
1221 BRICKELL AVENUE, SUITE 900  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 D  
NAME JOHNSON, KATHLEEN  
STREET ADDRESS 3208-C EAST COLONIAL DRIVE, SUITE 147  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE D  
NAME TATUM, JAMES III  
STREET ADDRESS 3208-C EAST COLONIAL DRIVE, SUITE 147  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)