

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90193 048 \*\*\*150.00

**DOCUMENT # P98000094460**

1. Entity Name

**MY-NA-MOON, INC.**

Principal Place of Business

**2196 MAIN STREET, SUITE B  
DUNEDIN FL 34698**

Mailing Address

**2196 MAIN STREET, SUITE B  
DUNEDIN FL 34698**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3541131**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PARTLOW, KAY L  
60 EMERALD BAY DRIVE  
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

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

**4326 Stones River Ct.**

**New Port Richey, FL 34653**

City

**New Port Richey**

FL

Zip Code

**34653**

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 X Kay L. Partlow  
Signature, typed or printed name of registered agent and title if applicable.

Kay L. Partlow  
(NOTE: Registered Agent's signature required when reinstating)

1-23-01  
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, 2001 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **PARTLOW, KAY L**  
CITY-ST-ZIP **60 EMERALD BAY DRIVE  
OLDSMAR FL 34677**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MOORE, BARBARA J**  
CITY-ST-ZIP **63 EMERALD BAY DRIVE  
OLDSMAR FL 34677**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **P/D**  
STREET ADDRESS **4326 Stones River Ct.**  
CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE ☒ Change ☐ Addition  
NAME **V/D**  
STREET ADDRESS **215 Arbor Woods Circle**  
CITY-ST-ZIP **Oldsmar, FL 34677**

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

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

TITLE ☐ Change ☐ Addition  
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: X Kay Lynn Partlow Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kay Lynn Partlow

1/23/01 727-372-7999  
Date Daytime Phone #

CR2E034 (10/00)