

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101692

1. Entity Name

MOONLIGHT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1964 BIRCH RUN DRIVE WEST  
ORANGE PARK FL 32073

1964 BIRCH RUN DRIVE WEST  
ORANGE PARK FL 32073

2. Principal Place of Business

3. Mailing Address

100-AN INDUSTRIAL LOOP  
Suite, Apt. #, etc.

1964 BIRCH RUN DRW  
Suite, Apt. #, etc.

City & State

City & State

ORANGE PARK FL

ORANGE PARK FL

4. FEI Number 59-3547752

Applied For  
Not Applicable

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

BENNETT, KATHLEEN  
1964 BIRCH RUN DRIVE WEST  
ORANGE PARK FL 32073

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME BENNETT, KATHLEEN I  
STREET ADDRESS 1964 BIRCH RUN DRIVE WEST  
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *Kathleen I Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN I

BENNETT

12/20/01 904-269-9600

Daytime Phone #

CR2E034 (10/00)

0607284

FILED  
Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90019 027 \*\*\*150.00



DO NOT WRITE IN THIS SPACE