

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008138

1. Entity Name

STANDING ON THE MOON, INC.

FILED

Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90165 004 \*\*\*150.00

Principal Place of Business

4319 REFLECTIONS BLVD. #204  
FORT LAUDERDALE FL 33351

Mailing Address

4319 REFLECTIONS BLVD. #204  
FORT LAUDERDALE FL 33351-8318

2. Principal Place of Business

11767 NW 11 ST  
Suite, Apt. #, etc.

3. Mailing Address

11767 NW 11 ST  
Suite, Apt. #, etc.

City & State

Pembroke Pines  
Zip 33026 Country

City & State

Pembroke Pines  
Zip 33026 Country

4. FEI Number

65-0890604

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LESTER, MICHAEL  
4319 REFLECTIONS BLVD. #204  
FORT LAUDERDALE FL 33351

7. Name and Address of New Registered Agent

Name

11767 NW 11 ST

Pembroke Pines

FL

Zip 33026

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]*

Michael Lester

3/24/00

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 ☐ Delete  
NAME D  
STREET ADDRESS LESTER, MICHAEL  
CITY-ST-ZIP 4319 REFLECTIONS BLVD. #204  
FORT LAUDERDALE FL 33351

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11767 NW 11 ST  
CITY-ST-ZIP Pembroke Pines, FL 33026

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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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)(l), 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]*

Michael Lester

3/24/00

904-438-8953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)