

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023513

1. Entity Name

MOON-SHADOW MERCHANDISING, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90103 024 ***150.00

Principal Place of Business

4251 SW 13TH ST., SUITE 1
GAINESVILLE FL 32608

Mailing Address

4251 SW 13TH ST., SUITE 1
GAINESVILLE FL 32614-1747

2. Principal Place of Business

3914 SW 18TH ST.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 141747

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

59-3561986

Applied For

Not Applicable

Zip

32608

Country

USA

Zip

32614-1747

Country

USA

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

PLUMLEE, TODD E
4251 SW 13TH ST., SUITE 1
GAINESVILLE FL 32608

Name

PLUMLEE, TODD E.

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

3914 SW 18TH ST.

City

GAINESVILLE

FL

Zip Code

32608

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]

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PLUMLEE, TODD E 4251 SW 13TH ST., SUITE 1 GAINESVILLE FL 32608	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
TODD PLUMLEE

Date

1-18-00

Daytime Phone #

352-380-0475

CR2E034 (9/99)