

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90036 043 \*\*\*550.00

**DOCUMENT # P99000072605**

1. Entity Name  
**BLUE MOON RISING, INC.**

Principal Place of Business: **PO BOX 1450 HIGH SPRINGS FL 32655**  
 Mailing Address: **PO BOX 1450 HIGH SPRINGS FL 32655-1450**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **13707 N.W. STATE RD. 45**  
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 6146**  
 Suite, Apt. #, etc.

City & State: **HIGH SPRINGS, FL**      City & State: **ROME, GA**

Zip: **32643**      Country:      Zip: **30162-6146**      Country:

4. FEI Number: **59-3590313**      Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCEVER, KEN**  
**13707 NW STATE RD 45**  
**HIGH SPRINGS FL 32643**

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:  **KEN MCEVER - REG. AGT.**      DATE: **7-30-00**

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.

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DUSTIN RUNNELS - PRESIDENT</b> <input type="checkbox"/> Delete<br><b>P.O. Box 1450<br/>HIGH SPRINGS, FL 32655</b>                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SECY. / TREASURER</b> <input type="checkbox"/> Delete<br><b>KEN MCEVER</b><br><b>13707 N.W. STATE RD. 45<br/>HIGH SPRINGS, FL 32643</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:  **KEN MCEVER**      Date: **7-30-00**      Daytime Phone #: **706-234-9829**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)