

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90061 029 ***150.00

DOCUMENT # P99000082966

1. Entity Name

CRESCENT MOON ENTERPRISES, INC.

Principal Place of Business

**10960 SR 70 EAST
 SPRING FOREST OFFICE PARK
 BRADENTON FL 34202**

Mailing Address

**10960 SR 70 EAST
 SPRING FOREST OFFICE PARK
 BRADENTON FL 34202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0962296

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GREENE, ROBERT ESQ
 1301 6TH AVENUE WEST SUITE 400
 BRADENTON FL 34205**

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, 2002 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 **D** ☒ Delete
 NAME **MANFULL, WILLIAM L**
 STREET ADDRESS **4040 VERA BETHANY RD.**
 CITY-ST-ZIP **MYAKKA CITY FL 34251**

TITLE **DST** ☐ Change ☒ Addition
 NAME **B. DOUGLAS FRALEY, II**
 STREET ADDRESS **4708 HIDDEN RIVER RD.**
 CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **PD** ☐ Delete
 NAME **OGLES, MARK**
 STREET ADDRESS **504-137TH ST E**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **DV** ☒ Change ☐ Addition
 NAME **FILIC CHUNG**
 STREET ADDRESS **4924 FRUITVILLE RD.**
 CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **STD** ☒ Delete
 NAME **PENDLEY, MICHAEL**
 STREET ADDRESS **706-137TH ST E**
 CITY-ST-ZIP **BRADENTON FL 34202**

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

TITLE **D** ☐ Delete
 NAME **OGLES, GEORGE**
 STREET ADDRESS **603 PEBBLE BEACH CT**
 CITY-ST-ZIP **AUGUSTA GA 30907**

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

TITLE **D** ☐ Delete
 NAME **CHUNG, FILK**
 STREET ADDRESS **4924 FRUITVILLE ROAD**
 CITY-ST-ZIP **SARASOTA FL 34232**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/02 941-752-3434

CR2E034 (9/01)