FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90124 042 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110347

1. Entity Name

MOON MIST APARTMENTS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1400 THE RIALTO	1400 THE RIALTO
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VENICE, FL 34285	City & State: VENICE, FL 34285
Zip	Country: USA
Zip	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650975078 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PATRICIA MCLAUGHLIN

Street Address (P.O. Box Number is Not Acceptable): 269 BEARDED OAKS DRIVE

City: SARASOTA FL Zip Code: 34232

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	DAVID J. MCLAUGHLIN
STREET ADDRESS	269 BEARDED OAKS DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	DIRECTOR
NAME	PATRICIA A. McLaughlin
STREET ADDRESS	269 BEARDED OAKS DRIVE
CITY-ST-ZIP	SARASOTA, FL 34232
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia McLaughlin PATRICIA McLAUGHLIN (PH) 4/09/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # 379-1955