

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90062 034 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000110347		
1. Entity Name MOON MOST APARTMENTS, INC.		
Principal Place of Business 1400 THE RIALTO VENICE, FL 34285		Mailing Address 1400 THE RIALTO VENICE, FL 34285
2. Principal Place of Business		3. Mailing Address 269 BEARDED OAKS DR.
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State SARASOTA, FL
Zip	Country	Zip 34232 Country USA
4. FEI Number 65-0975078		Applied For ☒ CHECK HERE IF MAKING CHANGES Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCLAUGHLIN, PATRICIA 269 BEARDED OAKS DRIVE SARASOTA, FL 34232		7. Name and Address of New Registered Agent
Name		Name
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)
City		City
FL		FL
Zip Code		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Patricia A. McLaughlin</u> DATE <u>6/3/03</u> Signature, typed or printed name of registered agent and date if applicable. (Typed Name of Registered Agent optional when filing electronically)		
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P	☐ Delete
NAME	MCLAUGHLIN, DAVID J	
STREET ADDRESS	269 BEARDED OAKS DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	D	☐ Delete
NAME	MCLAUGHLIN, PATRICIA A	
STREET ADDRESS	269 BEARDED OAKS DRIVE	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Patricia A. McLaughlin</u> DATE <u>6/3/03</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

90139166



DR. X CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0975078** Applied For ☒ Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Patricia A. McLaughlin DATE 6/3/03

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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SIGNATURE: Patricia A. McLaughlin DATE 6/3/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 364-8854

June 3, 2003 Attachment 90139166

Morn Mist Apartments, Inc.

RE: Document # P99000110347

Enclosed please find a check for \$150.00 for corporation.

Our papers were sent to 1400 The Rialto, which is the address of the apartments.

My husband & I live here @ 269 Bearded Oaks Dr. / Sarasota, FL. 34232

Sorry for the mess-up. Our original papers were sent back & our lawyer no longer does this kind of work. My husband David J. McLaughlin spoke to you & got the information that we needed.

Also I need an electronic code to go on-line to take care of any other problem we may have had or are having at this time.

Thanking you ^{Attachment} in advance for all
your help at this time. 90139166

I remain,
Patricia A. McLaughlin
269 Bearded Oaks Dr.
Sarasota, Fl. 34232

(941) 5878423 (cell) Patty

(941) 5443226 (cell) Dave

(941) 379-1955 (home) Patty + Dave

(941) 364-8854 (work) Patty

(941) 309-2112 (work) Dave

E-mail talumdoom@hotmail.com