

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0590944 AT

**DOCUMENT # S68287**

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

04-02-2002 90973 024 \*\*\*150.00

Principal Place of Business  
**1026 ROSETTA DR**  
**DELTONA FL 32725**  
**US**

Mailing Address  
**PO BOX 5445**  
**DELTONA FL 32728-5445**  
**US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3079391**

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

**FEENEY, THOMAS C., III**  
**7491 CONROY-WINDERMERE ROAD, SUITE B**  
**ORLANDO FL 32811**

Name  
**TEGELER, DAVID F.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**390 NORTH ORANGE AVENUE**  
**SUITE 2700**  
 City **ORLANDO** **FL** Zip Code **32801**

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 David F. Tegeler

2/28/02  
 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) ☐

**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  
 NAME **PD CAMPBELL, WILSON SCOTT**  
 STREET ADDRESS **1026 ROSETTA DR**  
 CITY-ST-ZIP **DELTONA FL 32725**

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

TITLE  
 NAME **VSD CAMPBELL, MICHELLE**  
 STREET ADDRESS **1026 ROSETTA DR**  
 CITY-ST-ZIP **DELTONA FL 32725**

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

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

WILSON SCOTT CAMPBELL  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02  
 Date

386-860-3648  
 Daytime Phone #

CR2E034 (9/01)