2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State
05-02-2001 90099 024 ***150.00

DOCUMENT # L65790

1. Entity Name
EXTRAVAGANZA PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
501 S. FALKENBURG ROAD SUITE D-23 TAMPA FL 33619	501 S. FALKENBURG ROAD SUITE D-23 TAMPA FL 33619-1293

47633

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3914 N. US HWY 301		3914 N. U.S. HWY 301	
Suite, Apt # etc SUITE 500		Suite, Apt. #, etc. SUITE 500	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33619	Country USA	Zip 33619	Country USA

4. FEI Number 59-3053507 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KASTEN, CHRISTOPHER
101 E. KENNEDY BLVD.
SUITE 1240 BARNETT PLAZA
TAMPA FL 33601

7. Name and Address of New Registered Agent

Name: CHARLES C. LANE, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 100 SOUTH ASHLEY DRIVE
SUITE 1700
City: TAMPA FL Zip Code: 33601-08

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 ______________ 4/6/00
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. (See criteria on back) ☐

FILING WITH 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMASSON, PAUL R 2904 BEAGLE PLACE SEFFNER FL 33584	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERI T. SCARBOROUGH 911 SANDYWOOD DRIVE BRANDON, FL 33510	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: ______________ 3/5/00 (813)621-47
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #