

2002 UNIFORM BUSINESS REPORT (UBR)

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

0051712 AV

DOCUMENT # P00000008734

1. Entity Name
ASHBRIE CINEMA, INC.

04-02-2002 90056 030 ***150.00

Principal Place of Business
C/O JAMES S. CAMPBELL
3 W. GARDEN ST., STE. 700
PENSACOLA FL 32501

Mailing Address
C/O JAMES S. CAMPBELL
3 W. GARDEN ST., STE. 700
PENSACOLA FL 32501



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1175 Grande Pointe Drive

3. Mailing Address
1175 Grande Pointe Drive

City & State
Gulf Breeze, FL

City & State
Gulf Breeze, FL

4. FEI Number
58-254 1590

Applied For
 Not Applicable

Zip
32561

Country
USA

Zip
32561

Country
USA

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

CAMPBELL, JAMES S
3 W. GARDEN ST., STE. 700
PENSACOLA FL 32501

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 _____ 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	D	<input type="checkbox"/> Delete
NAME	OFFERDAHL, NELS P	
STREET ADDRESS	LAKE CINEMA, 1030 9TH ST.	
CITY-ST-ZIP	MORGAN CITY LA 70380	
TITLE	D	<input type="checkbox"/> Delete
NAME	OFFERDAHL, ABBIE L	
STREET ADDRESS	LAKE CINEMA, 1030 9TH ST.	
CITY-ST-ZIP	MORGAN CITY LA 70380	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Nels P. Offerdahl* **4-1-02 850 934 333 2 X19**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)