

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000000118** ✓
 1. Entity Name
C & S Productions, Inc.

FILED
May 13, 2000 8:00 am
Secretary of State
 05-13-2000 90045 014 ***150.00

Principal Place of Business
911 HARBOUR Bay Dr.
TAMPA, FL 33602

Mailing Address
911 HARBOUR Bay Dr.
TAMPA, FL 33602

953619

2. Principal Place of Business
911 HARBOUR Bay Dr.
 Suite, Apt. #, etc.

3. Mailing Address
911 HARBOUR Bay Dr.
 Suite, Apt. #, etc.

City & State
TAMPA FL
 Zip
33602
 Country
Hillsborough

City & State
TAMPA FL
 Zip
33602
 Country
Hillsborough

6. Name and Address of Current Registered Agent
CAROL Layton
911 HARBOUR Bay Dr.
TAMPA, FL 33602

4. FEI Number
59-3554564
 Applied For
 Not Applicable

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

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.

SIGNATURE **Carol S. Layton**
 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) ☐

FILE NOW!!! 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYTON, CAROL 911 HARBOUR Bay Dr. TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTV LAYTON, CAROL 911 HARBOUR Bay Dr. TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	911 HARBOUR Bay Dr. TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	911 HARBOUR Bay Dr. TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Carol S. Layton**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5/5/2000** (813) 229-2808 Daytime Phone #

CR2E034 (9/99)