

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/2

**FILED**

**May 11, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90089 019 \*\*\*150.00

**DOCUMENT # P99000044419**

1. Entity Name

**JSV VIDEO, INC.**

Principal Place of Business

Mailing Address

**15580 S. HIGHWAY 441  
SUMMERFIELD FL 32191**

**15580 S. HIGHWAY 441  
SUMMERFIELD FL 32191**

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

**59-3575066**

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

**HALL, LAURIE B  
14075 S.W. 93RD TERRACE  
SUMMERFIELD FL 32179**

Name **RUSSELL Joseph Weston, Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**7745 SE Hwy 42**

City **Summerfield**

**FL**

Zip Code **34491**

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

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HALL, LAURIE B</b>	
STREET ADDRESS	<b>14075 S.E. 93RD TERRACE</b>	
CITY-ST-ZIP	<b>SUMMERFIELD FL 32179</b>	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Russell Joseph Weston, Jr.</b>	
STREET ADDRESS		
CITY-ST-ZIP	<b>7745 SE Hwy 42 Summerfield, FL 34491</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: **X. Russell Joseph Weston, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-00**

Date

Day/Time Phone #