

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90253 018 ***150.00

DOCUMENT # P01000068370

1. Entity Name

2 B PRODUCTIONS INC.

Principal Place of Business

**16520 S TAMiami TRAIL STE 18-276
 FT MYERS FL 33908**

Mailing Address

**16520 S TAMiami TRAIL STE 18-276
 FT MYERS FL 33908**

2. Principal Place of Business

PMB 276

3. Mailing Address

PMB 276

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2430 Vanderbilt Bch Rd 108

2430 Vanderbilt Bch Rd 108

City & State

City & State

Naples FL

Naples FL

Zip

Country

Zip

Country

34109

Collier

34109

Collier

4. FEI Number

65-1123899

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEWMAN, BARRY

**16520 S TAMiami TRAIL, STE 18-276
 FT MYERS FL 33908**

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

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, 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

BARRY Newman Pres. 3215 LA Costa Cir 104 Naples FL 34105

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Vice President Michele Newman 3215 LA Costa Cir 104 Naples FL 34105

☐ Delete

☐ Change ☒ Addition

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☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)