

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90311 016 ***150.00

DOCUMENT # 295619

1. Entity Name

FLORIDA PRODUCTION CENTER, INC.

Principal Place of Business

1301 SOUTH FIRST STREET

#1501

JACKSONVILLE BEACH FL 32250

Mailing Address

1301 SOUTH FIRST STREET

#1501

JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

6753 LINFORD LANE
 Suite, Apt. #, etc.

3. Mailing Address

6753 LINFORD LANE
 Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32217

Country

US A

Zip

32217

Country

USA

4. FEI Number

59-1104041

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JOHNSON, THEODORE S
 1301 SOUTH FIRST STREET
 #1501
 JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

SAME

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

6753 LINFORD LANE

City

JACKSONVILLE

FL

Zip Code

32217

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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, THEODORE S	
STREET ADDRESS	1301 SO. 1ST ST. #1501	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICIA O.	
STREET ADDRESS	1301 SO. 1ST ST. #1501	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZISSER, BARRY L.	
STREET ADDRESS	1200 RIVERPLACE BLVD., #630	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	<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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-02

904 732-5544

Date

Daytime Phone #

CR2E034 (9/01)