

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 404722

1. Entity Name

STUDIO EAST, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90179 013 ***150.00

Principal Place of Business

Mailing Address

1060 S ROGERS CIR
2ND FLOOR
BOCA RATON FL 33487
US

1060 S ROGERS CIR
2ND FLOOR
BOCA RATON FL 33487-2815
US

2. Principal Place of Business

3. Mailing Address

74 NE 4TH AVENUE

74 NE 4TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

3

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

Country

Zip

Country

33483

USA

33483

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITTLE, S DEAN
727 CURLEW ROAD
DELRAY BEACH FL 33444

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GESSLER, CARL J
CITY-ST-ZIP 2710 YALE LN.
BOYNTON BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS LITTLE, DEBORAH G
CITY-ST-ZIP 727 CURLEW ROAD
DELRAY BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME PD
STREET ADDRESS LITTLE, S DEAN
CITY-ST-ZIP 727 CURLEW ROAD
DELRAY BCH, FL 00000

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

S. Dean Little
S. DEAN LITTLE
PRESIDENT

4/14/00 (561) 279-4727

Date

Daytime Phone #