

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 648991

1. Entity Name

KINSHIP PRODUCTIONS, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90042 003 ***150.00

Principal Place of Business

Mailing Address

1413 S. HOWARD
STE. 209
TAMPA FL 33606
US

P. O. BOX 3555
APOLLO BCH. FL 33572-3555
US

2. Principal Place of Business

3. Mailing Address

663 Flamingo Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apollo Beach, FL

Zip

Country

Zip

Country

33572

4. FEI Number

59-1963429

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

BURKE, JOHN
400 N. TAMPA ST.
STE 1175
TAMPA FL 33602

Name

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

711 W Fletcher Ave Suite A

1

City

TAMPA

FL

Zip Code

33612

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 John Burke

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 PD
NAME HITE, BONNIE P ☐ Delete
STREET ADDRESS 1311 APOLLO BEACH BLVD STE H
CITY-ST-ZIP APOLLO BEACH FL

TITLE PD
NAME Bonnie P Hite ☒ Change ☐ Addition
STREET ADDRESS 663 Flamingo Dr
CITY-ST-ZIP Apollo Beach FL 33572

TITLE VS
NAME HITE, ROBERT JR ☐ Delete
STREET ADDRESS 1311 APOLLO BEACH JBLVD STE H
CITY-ST-ZIP APOLLO BEACH FL

TITLE VS
NAME Robert Hite Jr ☒ Change ☐ Addition
STREET ADDRESS 663 Flamingo Dr
CITY-ST-ZIP Apollo Beach FL 33572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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 all other like empowered.

SIGNATURE: Robert Hite Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 FEB 2000

Date

Daytime Phone #

CR2E034 (9/99)