

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 694267

1. Entity Name

DOMINION VIDEO SATELLITE, INC.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90215 050 ***150.00

Principal Place of Business

Mailing Address

3050 N HORSESHOE DR.
SUITE 290
NAPLES FL 34104
US

8
SUITE 290, PO BOX 7609
NAPLES FL 33963
US

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

59-2647276

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

JOHNSON, ROBERT W.
3050 N HORSESHOE DRIVE
SUITE 290
NAPLES FL 34104

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	CP	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT W.	
STREET ADDRESS	233 9TH AVENUE S.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VFTD	<input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT W JR	
STREET ADDRESS	1176 QUAIL VILLAGE WAY	
CITY-ST-ZIP	NAPLES FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	RUNDLE, ALLEN	
STREET ADDRESS	6060 PELICAN BAY BLVD B-201	
CITY-ST-ZIP	NAPLES FL 34108	
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"/> 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	Asst. Secretary, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanine Johnson	
STREET ADDRESS	233 9th Ave S	
CITY-ST-ZIP	Naples, FL 34102	
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, when an address change or a like empowered.

Robert W. Johnson, CEO

1-14-2000 (941) 403-9130

CR2E034 (9/99)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #