

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State
 02-20-2001 90081 027 ***150.00

0581296

DOCUMENT # F96000000078

1. Entity Name

VIDEO WAREHOUSE OF TALLAHASSEE, INC.

Principal Place of Business

1416 W TENNESSEE ST
 TALLAHASSEE FL 32304
 US

Mailing Address

217 S. MADISON AVE
 DOUGLAS GA 31533

2. Principal Place of Business

615 UNIVERSAL DR.

3. Mailing Address

217 S MADISON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

DOUGLAS GA

Zip

32303

Country

USA

Zip

31533

Country

4. FEI Number

58-2205732

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

PRYOR, GERALD H

615 UNIVERSAL DR

TALLAHASSEE FL 32303

615 UNIVERSAL DR

TALLAHASSEE FL

32303

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)

2/2/01
 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, 2001 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	PRYOR, GERALD H	
STREET ADDRESS	217 S. MADISON AVE	
CITY-ST-ZIP	DOUGLAS GA 31533	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, KEVIN	
STREET ADDRESS	217 S. MADISON AVE	
CITY-ST-ZIP	DOUGLAS GA 31533	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

PRYOR, GERALD H

GERALD H PRYOR

2/2/01
 Date

912 384-1781
 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)