

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000000468

1. Entity Name

BLUFFTON VIDEO CONNECTION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90049 027 ***150.00

Principal Place of Business

Mailing Address

850 NORTH LIMA ROAD
KENDALLVILLE IN 46755

850 NORTH LIMA ROAD
KENDALLVILLE IN 46755-1155

2. Principal Place of Business

3. Mailing Address

PO Box 785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Kendallville IN

4. FEI Number

35-1767191

Applied For

Not Applicable

Zip

Country

Zip

Country

46755

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

HENDERSON, ROBERT P ESQ.
1619 JACKSON ST.
FT. MYERS FL 33902

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 CST
NAME MILLER, GEORGE
STREET ADDRESS 2722 BAYWOOD TRAIL
CITY-ST-ZIP FT. WAYNE IN 46845 ☐ Delete

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

TITLE CV
NAME MILLER, GARY
STREET ADDRESS 712 HAWPATCH
CITY-ST-ZIP LAGRANGE IN 46761 ☐ Delete

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

TITLE DP
NAME MILLER, JOSEPH
STREET ADDRESS 791 FAIRWAY DR.
CITY-ST-ZIP WAUSEON OH 43567 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *George Miller*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)