

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2001 8:00 am**  
**Secretary of State**

01-27-2001 90086 007 \*\*\*150.00

**DOCUMENT # F98000004410**

1. Entity Name

**PRODUCTION SUPPLY COMPANY, INC.**

Principal Place of Business

**4342 MICHOU BLVD.  
NEW ORLEANS LA 70129**

Mailing Address

**4342 MICHOU BLVD.  
NEW ORLEANS LA 70129**

**00008944**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **72-0629241**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 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

TITLE **CD** ☒ Delete  
NAME **REYNOLDS, NEWTON R**  
STREET ADDRESS **4342 MICHOU BLVD.**  
CITY-ST-ZIP **NEW ORLEANS LA 70129**

TITLE **PD** ☐ Delete  
NAME **MIDDLEBROOKS, JACK S**  
STREET ADDRESS **15060 VENTURA BLVD. STE. 400**  
CITY-ST-ZIP **SHERMAN OAKS CA 91403**

TITLE **V** ☐ Delete  
NAME **HEINDEL, DANIEL**  
STREET ADDRESS **109 MOON ISLE, P.O. BOX 8724**  
CITY-ST-ZIP **HORSESHOE BAY TX 73657**

TITLE **SV** ☐ Delete  
NAME **ZUNDEL, MICHAEL**  
STREET ADDRESS **3800 EAST 26TH STREET**  
CITY-ST-ZIP **LOS ANGELES CA 90023**

TITLE **V** ☐ Delete  
NAME **COOKE, KENNETH**  
STREET ADDRESS **1200 CHESTAIN ROAD**  
CITY-ST-ZIP **KENNESAW GA 30144**

TITLE **V** ☐ Delete  
NAME **WESTEYN, JOHN**  
STREET ADDRESS **1700 ELLER DRIVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **STEVE SCHEINKMAN**  
STREET ADDRESS **15060 VENTURA BLVD STE 400**  
CITY-ST-ZIP **SHERMAN OAKS CA 91403**

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

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

TITLE **SV** ☒ Change ☐ Addition  
NAME **ZUNDEL, MICHAEL**  
STREET ADDRESS **15060 VENTURA BLVD STE 400**  
CITY-ST-ZIP **SHERMAN OAKS CA 91403**

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)