

2000 UNIFORM BUSINESS REPORT (UBR)

3

DOCUMENT # G04019

1. Entity Name

BISCHOFF STUDIOS, INC.

FILED
Jun 07, 2000 8:00 am
Secretary of State

03-08-2000 90059 041 ***150.00

Principal Place of Business

902 SOLOMON DAIRY RD
QUINCY FL 32351
US

Mailing Address

902 SOLOMON DAIRY RD
QUINCY FL 32351-6834
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

59-2221979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BISCHOFF, ROBERT H
708 DRYWOOD AVE
FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name ~~Peter G Munroe CPA~~
Street Address (P.O. Box Number is Not Acceptable) ~~Law Reed Crona & Munroe PA~~
~~2727 Apalachee Pkwy~~
City ~~Tallahassee~~ FL ~~32351~~

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

TITLE	V	<input type="checkbox"/> Delete
NAME	BISCHOFF, ROBERT K	
STREET ADDRESS	902 SOLOMON DAIRY RD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	PST	<input type="checkbox"/> Delete
NAME	BISCHOFF, JO ANN	
STREET ADDRESS	902 SOLOMON DAIRY RD	
CITY-ST-ZIP	QUINCY FL 32351	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<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:

Signature of JoAnn Bischoff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/00

850-875-3184

Date

Daytime Phone #

CR2E034 (9/99)

#G04019

305798



BISCHOFF STUDIOS, INC.

Please excuse my ignorance.

Mr. Robert H. Bischoff is still
my Registered Agent.

Thank you,

Jo Ann Bischoff