

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 12, 2000 8:00 am**
Secretary of State

01-12-2000 90025 012 ***150.00

DOCUMENT # G16892

1. Entity Name

DE GROOT STUDIOS, INC.

Principal Place of Business

Mailing Address

MICHAEL WOODMAN
1522 S.W. 15TH TERRACE
FORT LAUDERDALE FL 33312**MICHAEL WOODMAN**
1522 S.W. 15TH TERRACE
FORT LAUDERDALE FL 33312-3103**C0000689**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1415 SW 21st Ave

Suite, Apt. #, etc.

1415 SW 21st Ave.

City & State

City & State

4. FEI Number

59-2242891

Applied For

Not Applied

Zip

Country

Zip

Country

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

WOODMAN, MICHAEL L.
1522 S.W. 15TH TERRACE
FORT LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

1415 SW 21st Avenue

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME **WOODMAN, MICHAEL L**STREET ADDRESS **1709 SW 17TH STREET**CITY-ST-ZIP **FT. LAUDERDALE FL**TITLE ☐ DeleteNAME **DE GROOT, CATHERINE M**STREET ADDRESS **1403 S W 15TH AVE**CITY-ST-ZIP **FORT LAUDERDALE, FL00000**TITLE ☐ DeleteNAME **WOODMAN, CONNIE M**STREET ADDRESS **1709 SW 17TH STREET**CITY-ST-ZIP **FT LAUDERDALE FL**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Delete

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

Michael L. Woodman

Date

1/3/00

Daytime Phone #

954-587-5487