

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90051 015 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # H29203</b>					
1. Entity Name <b>VIDEO CENTER USA, INC.</b>					
Principal Place of Business <b>300 E. BASE STREET MADISON FL 32340</b>			Mailing Address <b>300 E. BASE STREET MADISON FL 32340</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2515172</b>	
Zip		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STRICKLAND, AUBREY J</b> <b>300 E. BASE STREET</b> <b>MADISON FL 32340</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	ST	STRICKLAND, FAYE	HWY 31/JUMPING GULLEY RD		
		CLYATTVILLE GA			
	P	STRICKLAND, AUBREY J.	HWY 31/JUMPING GULLEY RD		
		CLYATTVILLE GA			
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: <i>Aubrey J. Strickland</i>			Date: <b>1-8-2001</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <b>850 973 8262</b>		

CR2E034 (10/00)