

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 14 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *H39107*

1. Entity Name
Sutka Productions International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
424 PALM STREET
Suite, Apt. #, etc.

3. Mailing Address
424 PALM STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Bch, FLA
Zip
33401
Country
P.B. City

City & State
West Palm Bch, 33401
Zip
33401
Country
P.B. City

4. FEI Number
59-2519635
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bruce Sutka
Street Address (P.O. Box Number is Not Acceptable)
424 PALM STREET
City
W.P.B FL Zip Code
33401

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>OPS BRUCE A. SUTKA 424 PALM STREET W.P.B., FLA 33401-5835</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>200006231142--6: -07/05/02--01076--016 ****150.00 ****150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>STO DAVID NEGRI 424 PALM STREET W.P.B., FLA 33401-5835</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE <i>8/6/17</i>
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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 of 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *8-1-14* Daytime Phone # *835-8455*

CR2E034B (12/01)

• SUTKA •

PRODUCTIONS INTERNATIONAL, INC.

Uniform Business Report
Division Of Corporations
P.O. Box 1500
Tallahassee, Fl 323202-1500

June 11, 2002

To Whom It May Concern,

I never received the Uniform Business report in January 2002. I requested the form May 3, 2002 and received the blank form June 4, 2002.

Sincerely,



Deborah M. Amoretti
Accounting Department