

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H89185

1. Entity Name
HI-TECH THEATRE EQUIPMENT AND SERVICE COMPANY, I

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90146 008 ***550.00

Principal Place of Business

110 RIBERIA ST
ST AUGUSTINE FL 32085
US

Mailing Address

PO BOX 4186
ST AUGUSTINE FL 32085
US

2. Principal Place of Business

110 Riberia St.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 4186
Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

St. Augustine FL

4. FEI Number

59-2595295

Applied For

Not Applicable

Zip

32084

Country

US

Zip

32085

Country

US

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLA, LAWRENCE JR
110 RIBERIA ST
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name Stephen B Kitten

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

110 Riberia St.

City

St. Augustine

FL

Zip Code

32084

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME ☒ Delete

NAME POLLA, LAWRENCE JR
STREET ADDRESS P.O BOX 4186 N/A
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE NAME ☐ Delete

NAME KITTEN, STEPHEN B
STREET ADDRESS P.O. BOX 1634 N/A
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

NAME President
STREET ADDRESS 215 Oglethorpe Dr.
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/2000

Date

904829-5702

Daytime Phone #

CR2E034 (5/00)