

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **H96388**

1. Entity Name

TOD BOOTH PRODUCTIONS, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90563 009 ***150.00

Principal Place of Business

Mailing Address

**12000 BEACH BOULEVARD
JACKSONVILLE FL 32216****12000 BEACH BOULEVARD
JACKSONVILLE FL 32216**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAME

City & State

SAME4. FEI Number **59-1199233**

Applied For

Not Applicable

Zip

32246

Country

DUVAL

Zip

32246

Country

DUVAL5. 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

**BOOTH, TOD
12000 BEACH BOULEVARD
JACKSONVILLE FL 32216**

Name

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

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 fee 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP						
	BOOTH, TOD						
	12000 BEACH BLVD						
	JACKSONVILLE FL						
	S						
	BOOTH, LISA VALDINI						
	12000 BEACH BLVD						
	JACKSONVILLE FL						
	AS						
	CARLSON, DOUG						
	12000 BEACH BLVD						
	JACKSONVILLE FL						

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 an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day to Phone #

CR2E034 (10/00)