

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90108 007 \*\*\*550.00

0112421 AT

**DOCUMENT # J20860**

1. Entity Name

**CAIN STUDIOS, INC.**

Principal Place of Business

**3500 NE WALDO ROAD  
 GAINESVILLE FL 32609**

Mailing Address

**3500 NE WALDO ROAD  
 GAINESVILLE FL 32609**

2. Principal Place of Business

**INACTIVE**

3. Mailing Address

**PO BOX 140367**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**GAINESVILLE, FL**

4. FEI Number

**59-2731164**

Applied For

Not Applicable

Zip

Country

Zip

Country

**326140367**

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CAIN, RICHARD W  
 RT. 1 BOX 241  
 MICANOPY FL 32667**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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 12, 2001 Fee 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 ☐ Delete  
 NAME **PD CAIN, RICHARD**  
 STREET ADDRESS **RT. 1 BOX 241**  
 CITY-ST-ZIP **MICANOPY FL 32667**

TITLE ☐ Delete  
 NAME **VP CAIN, JUDITH**  
 STREET ADDRESS **RT. 1 BOX 241**  
 CITY-ST-ZIP **MICANOPY FL 32667**

TITLE ☐ Delete  
 NAME **T CAIN, RICHARD W**  
 STREET ADDRESS **RT. 1 BOX 241**  
 CITY-ST-ZIP **MICANOPY FL 32667**

TITLE ☐ Delete  
 NAME **S CAIN, JUDITH W**  
 STREET ADDRESS **RT. 1 BOX 241**  
 CITY-ST-ZIP **MICANOPY FL 32667**

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 ☐ Addition  
 NAME  
 STREET ADDRESS **206 SE 138th Ave**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **206 SE 138th Ave**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **206 SE 138th Ave**  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **CAIN, JUDITH L.**  
 STREET ADDRESS **206 SE 138th Ave**  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ 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**  
**JUDITH CAIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/01

(352) 374-4334

Date

Daytime Phone #

CR2E034 (5/01)