

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90462 032 ***150.00

DOCUMENT # **K 97360**

1. Entity Name
VIDEO BOYS OF ORLANDO, INC



DO NOT WRITE IN THIS SPACE

90051869

2. Principal Place of Business
498 N. ORANGE BLOSSOM TR

3. Mailing Address
13238 SOBRADO DR

Suite, Apt. #, etc.
STE C

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-2953347

Applied For
Not Applicable

Zip
32837

County
ORANGE

Zip
32837

County
ORANGE

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARRICK N. FOX, PA

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

143 CANAL STREET

City
NEW SMYRNA BEACH FL Zip Code
32168

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ERICKSON, DAVID C
13238 SOBRADO DR.
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
DAVISON, DONALD
13238 SOBRADO DR.
ORLANDO, FL 32837**

TITLE
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CITY-ST-ZIP

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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE **DAVID C. ERICKSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2003 407-839-8835

Date Daytime Phone #