

2001 UNIFORM BUSINESS REPORT (UBR)

0024595 AF

DOCUMENT # L00000002651

1. Entity Name

SHOEBOX PRODUCTIONS, LLC

FILED

01 APR -3 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

501-C NW 23RD AVENUE, PMB 105
GAINESVILLE FL 32609

Mailing Address

501-C NW 23RD AVENUE, PMB 105
GAINESVILLE FL 32609

2. Principal Place of Business

PO BOX 5062

3. Mailing Address

PO BOX 5062

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32627

Country

USA

Zip

32627

Country

USA

4. FEI Number

59-3631472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NICOLETTE, GUY
6731 NW 38TH TERRACE
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GUY, NICOLETTE
6731 NW 38TH TERRACE
GAINESVILLE, FL 32653 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JASON WALLS
2108 NW 7TH TERR
GAINESVILLE, FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
BRIAN BROOKS
916 NW 9TH AVE
GAINESVILLE, FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAVID ALWINE
916 NW 9TH AVE
GAINESVILLE, FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900003985729-8
-04/11/01--01016--011
*****50.00 *****50.00 ☐ Change ☐ Addition

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

GUY, NICOLETTE

1/28/01

352-870-0878

CR2E083 (11/00)