2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90143 025 ***150.00

DOCUMENT # L14149

1. Entity Name
STUNT ACTION AND SAFETY COORDINATORS, INC.

Principal Place of Business	Mailing Address
3111 SMITH RD	P O BOX 127
GROVELAND FL 34736	GROVELAND FL 34736
US	US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3111 Smith Rd	P.O. Box 127
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Groveland FL	City & State: Same
Zip: 34736 / Country: Lake	Zip: Same / Country: Same

4. FEI Number 59-3028177 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CYRUS, ROBERT R.
214-A NORTH THIRD STREET
LEESBURG FL 34748

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

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT KAHANA, KIM P. O. BOX 127 N/A GROVELAND FL 34736 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KAHANA, JOHANNA E. P. O. BOX 127 N/A GROVELAND FL 34736 ☒ Delete DECEASED on	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	July 29/2002 - Brain Cancer ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED President — Jan 6/2003 — (352) 429-4561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)

1 Staat/Etat/Staat/Country
NEDERLAND

Attachment
L14149
10090659
Copy of Death Certificate

2 Service de l'état civil de/Personenstandsbehörde (A), Standesamt (D), Zivilstandsamt (CH)/Civil Registry Office of
Amsterdam

3 Uittreksel uit de overlijdensakte nr.
Extrait de l'acte de décès n°
Auszug aus dem Sterbeeintrag Nr.
Extract from death registration no.
2A3764

4	Datum en plaats van overlijden Date et lieu du décès Tag und Ort des Todes Date and place of death	Jo Mo An 29 07 2002 Amsterdam
5	Naam Nom Name Name	Horensma
6	Voornamen Prénoms Vornamen Forenames	Johanna Elisabeth
7	Geslacht Sexe Geschlecht Sex	F
8	Geboortedatum en plaats Date et lieu de naissance Tag und Ort der Geburt Date and place of birth	Jo Mo An 18 08 1932 Amsterdam
9	Naam van de laatste echtgenoot Nom du dernier conjoint Name des letzten Ehegatten Name of the last spouse	Kahana
10	Voornamen van de laatste echtg. Prénoms du dernier conjoint Vornamen des letzten Ehegatten Forenames of the last spouse	Kim

		12 vader/père/Vater/father	13 moeder/mère/Mutter/mother
5	Naam Nom Name Name	Horensma	Horensma
6	Voornamen Prénoms Vornamen Forenames	Frederick	Johanna

11	Datum van afgifte Date de délivrance Tag der Ausstellung Date of issue	Jo Mo An 01 08 2002
	Ondertekening, stempel/Signature, sceau/ Unterschrift, Dienstsiegel/Signature, seau	BURGERLIJKE STAND AMSTERDAM R.S. Kramer

Symboles - Zeichen - Simbolos - Simboles - Σύμβολα - Simboli - Symbolen - Simbolos - Isaretler - Simboli
Jo: Jour / Tag / Day / Dia / Ημέρα / Giorno / Dag / Dia / Gün / Den
Mo: Mois / Monat / Month / Mes / Μήνας / Mese / Maand / Mês / Ay / Mesec
An: Année / Jahr / Año / Έτος / Anno / Jaar / Ano / Yil / Godina
M: Masculin / Männlich / Male / Masculino / Ανδρας / Maschile / Mannelijk / Masculino / Erkek / Muški
F: Féminin / Weiblich / Female / Femenino / Γυναίκα / Femminile / Vrouwelijk / Feminino / Kadin / Zenski

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