

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76449

1. Entity Name

POINT OF VIEW PRODUCTIONS, INC.

Principal Place of Business

P.O. BOX 162632  
ALTAMONTE SPRINGS FL 32716

Mailing Address

P.O. BOX 162632  
ALTAMONTE SPRINGS FL 33804-2734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-3015672

Applied For

Not Applicable

5. 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

COUZART, MELVIN (MEL)

880 WESLEY CIR. 318 DRACAENA CT.

APT. 212

APT. 201

APOPKA FL 32703

ALTAMONTE SPRINGS, FL 32714

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

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, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC ☐ Delete  
NAME COUZART, MELVIN (MEL)  
STREET ADDRESS 880 WESLEY CIR., APT. 212  
CITY-ST-ZIP APOPKA FL

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 318 DRACAENA CT., #201  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VSM ☐ Delete  
NAME COUZART, NAOMI BENJAMIN  
STREET ADDRESS 1524 NE 40TH PL  
CITY-ST-ZIP APOPKA FL

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 318 DRACAENA CT., #201  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

TITLE VD ☐ Delete  
NAME WATTS, ALBERT JR (AL)  
STREET ADDRESS 255 GLEN HOLLOW LANE, APT #14  
CITY-ST-ZIP DECATUR GA 30034

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 4034 NE 1st. Terr.  
CITY-ST-ZIP Gainesville, FL 32609

TITLE VD ☐ Delete  
NAME WATTS, CLARENCE LORENZO  
STREET ADDRESS 1213 NW 30TH AVE #1T  
CITY-ST-ZIP GAINESVILLE FL

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 4721 NW 29th Ave.  
CITY-ST-ZIP Gainesville, FL 32606

TITLE VD ☐ Delete  
NAME WATTS, JAMES CARLTON  
STREET ADDRESS 1000 MONTREAL RD APT 70  
CITY-ST-ZIP CLARKSTON GA

☒ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS 255 Glen Hollow Lane #14  
CITY-ST-ZIP Decatur, GA 30032

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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: *Melvin Couzart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-29-00

Daytime Phone #

CR2E034 (9/99)