

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76449

1. Entity Name

POINT OF VIEW PRODUCTIONS, INC.

FILED

May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90053 017 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 162632  
ALTAMONTE SPRINGS FL 32716

P.O. BOX 162632  
ALTAMONTE SPRINGS FL 32716

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)  
318 DRACAENA CT  
APT 201  
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, 2001 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PC  
COUZART, MELVIN (MEL)  
~~218 DRACAENA CT #201~~  
ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
318 Dracaena Ct. #201 ☐ Change ☐ Addition  
Correction

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSM  
COUZART, NAOMI BENJAMIN  
318 DRACAENA CT #201  
ALTAMONTE SPRINGS FL 32714 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WATTS, ALBERT JR (AL)  
4034 NE 1ST TERR  
GAINESVILLE FL 32609 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WATTS, CLARENCE LORENZO  
4721 NW 29TH AVE  
GAINESVILLE FL 32606 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WATTS, JAMES CARLTON  
~~255 GLEN HOLLOW LANE #14~~  
DECATUR GA 30032 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2431 NW 4th Terr.  
Gainesville, FL 32609 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)