

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90088 030 ***150.00

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 32716

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32716-2632

32716-2632

4. FEI Number

59-693015672

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, 2002 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 **318 DRACAENA CRT #201**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **PCD** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **VSMD** ☒ Change ☒ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **904 SW 62nd Terr.**
 CITY-ST-ZIP **Gainesville FL 32607**

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

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

TITLE **VD** ☐ Delete
 NAME **WATTS, JAMES CARLTON**
 STREET ADDRESS **2431 NW 4TH TERR**
 CITY-ST-ZIP **GAINESVILLE FL 32609**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)