

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2002 8:00 am
Secretary of State

0013691 AV

DOCUMENT # **L76457**

1. Entity Name
HERE'S HOW VIDEO, INC.

07-21-2002 90018 001 ***400.00
 07-21-2002 90018 002 ***150.00

Principal Place of Business
2659 KERWOOD CIR
ORLANDO FL 32810
US

Mailing Address
2659 KERWOOD CIR
ORLANDO FL 32810
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3006841**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HEARN, JOSEPH S. GARY YEOMANS
2659 KERWOOD CIRCLE
ORLANDO FL 32810

Name **GARY YEOMANS**

Street Address (P.O. Box Number is Not Acceptable)

2659 KERWOOD CIR.

City **ORLANDO**

City **ORLANDO**

FL

Zip Code **32810**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Gary T. Yeoman

7/15/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **PTD YEOMANS, GARY T.** ☐ Delete
 STREET ADDRESS **2659 KERWOOD CIRCLE**
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE
 NAME **VS HEARN, JOSEPH S. (DECEASED)** ☐ Delete
 STREET ADDRESS **300 PAWNEE TRAIL**
 CITY-ST-ZIP **MAITLAND FL**
JUNE MAY 20, 2002

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

GARY YEOMANS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

DeVilma Phone #

CR2E034 (4/02)