

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85046

1. Entity Name
T M C PRODUCTIONS, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90059 004 ***150.00

Principal Place of Business

Mailing Address

4552 S. SEMORAN BLVD.
ORLANDO FL 32822
US

2838 SALTER COURT
ORLANDO FL 32818-3068
US

00000011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2838 SALTER COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

4. FEI Number

59-3026531

Applied For

Not Applicable

Zip

32818-3068

Country

ORANGE

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

WARNER, FRANK E.
2838 SALTER COURT
ORLANDO FL 32818

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	DVP	<input type="checkbox"/> Delete
NAME	WARNER, FRANK E.	
STREET ADDRESS	2838 SALTER COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WARNER, JANICE M.	
STREET ADDRESS	2838 SALTER COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	WARNER, MICHAEL	
STREET ADDRESS	2838 SALTER COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of Frank E. Warner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank E. Warner

4-11-00

Date

(407) 299-3496

Daytime Phone #

CR2E034 (9/99)