

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L92510

1. Entity Name

BULLDOG MUSICAL PRODUCTIONS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90326 017 ***150.00

Principal Place of Business

% STEPHEN L. ZIMMERMAN
737 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060-6345

Mailing Address

% STEPHEN L. ZIMMERMAN
737 EAST ATLANTIC BLVD.
POMPANO BEACH FL 33060-6345

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 **65-0211270**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIMMERMAN, STEPHEN L.
737 EAST ATLANTIC BLVD.
POMPANO BEACH FL

7. Name and Address of New Registered Agent

Name

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

City

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HIRSCH, ROBERT D. 2801 NE 9 CT POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ZIMMERMAN, STEPHEN L. 5141 NE 30 TERR LIGHTHOUSE PT FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CORAZZI, CARL 4380 CORAL SPGS DR CORAL SPGS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

Signature (Please Print)

CR2E034 (10/00)