

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M65437

1. Entity Name

FLORIDA VIDEO CONTROL, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90060 014 ***158.75

Principal Place of Business

Mailing Address

101 JACKSON ST.
PO BOX 184
BATAVIA NY 14020
US

5137 E MAIN STREET. P.O. BOX 184
PO BOX 184
BATAVIA NY 14021-0184
US

2. Principal Place of Business

3. Mailing Address

4816 ELLICOTT ST.

P.O. BOX 184

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 184

City & State
BATAVIA N.Y.

City & State
BATAVIA NY

Zip
14021

Country
USA

Zip
14021

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1316586

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

COUGHLIN, CASEY WILLIAM
SUITE 610
3300 UNIVERSITY DRIVE
CORAL SPRINGS FL 33065

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
TUXFORD, JAY W
PO BOX 184 N/A
BATAVIA NY ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TUXFORD, JAY W
P.O. BOX 184
BATAVIA N. ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LAPORTE, STEPHANIE
9184 COLEMAN ROAD
BARKER N. ☐ Delete

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

TITLE
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CITY-ST-ZIP
D
LAPORTE, STEPHANIE
9184 COLEMAN ROAD
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☐ Delete

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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

JAY W. TUXFORD

Date

Daytime Phone #

18 FEB 2000 877-724-4123

CR2E034 (9/99)