

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2001 08:00 AM
Secretary of State

DOCUMENT # M65437

1. Entity Name
FLORIDA VIDEO CONTROL, INC.

Principal Place of Business	Mailing Address
4816 ELLICOTT PO BOX 184 BATAVIA 14021	5137 E MAIN STREET, P.O. BOX 184 PO BOX 184 BATAVIA 140210184
US NY	US NY

2. Principal Place of Business	3. Mailing Address
	PO BOX 170265

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
	SPARTANBURG SC

Zip	Country	Zip	Country
		293010024	US

4. FEI Number	Applied For
16-1316586	Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE **02/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	LAPORTE STEPHANIE	
STREET ADDRESS	9184 COLEMAN ROAD	
CITY-ST-ZIP	BARKER N.	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAPORTE STEPHANIE	
STREET ADDRESS	9184 COLEMAN ROAD	
CITY-ST-ZIP	BARKER N.	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUXFORD JAY W	
STREET ADDRESS	P.O. BOX 184	
CITY-ST-ZIP	BATAVIA N.	
TITLE	PT	<input type="checkbox"/> Delete
NAME	TUXFORD JAY W	
STREET ADDRESS	PO BOX 184 N/A	
CITY-ST-ZIP	BATAVIA NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPORTE STEPHANIE	
STREET ADDRESS	9184 COLEMAN ROAD	
CITY-ST-ZIP	BARKER NY 14012	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPORTE STEPHANIE	
STREET ADDRESS	9184 COLEMAN ROAD	
CITY-ST-ZIP	BARKER NY 14012	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUXFORD JAY W	
STREET ADDRESS	P.O. BOX 170265	
CITY-ST-ZIP	SPARTANBURG SC 293010024	
TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUXFORD JAY W	
STREET ADDRESS	PO BOX 170265 N/A	
CITY-ST-ZIP	SPARTANBURG SC 293010024	
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		
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: Jay W. Tuxford

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02/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)