

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90015 001 \*\*\*150.00

**DOCUMENT #** M78679

**1. Entity Name**

Backstage Enterprises, Inc.

**Principal Place of Business**

**Mailing Address**

**2. Principal Place of Business**  
 1817 Highland Road

**3. Mailing Address**  
 1817 Highland Road

Suite, Apt. #, etc

Suite, Apt. #, etc

**City & State**  
 Osprey, Florida

**City & State**  
 Osprey, Florida

**4. FEI Number**  
 650042866

**Applied For**  
 Not Applicable

**Zip**  
 34229

**Country**  
 Sarasota

**Zip**  
 34229

**Country**  
 Sarasota

**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**

Levitt, Sandy Alan  
 2201 Ringling Blvd.  
 Sarasota, FL 34229

**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 re-registering)

**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PVSD ☐ **Delete**  
**NAME** Nichols, Charles  
**STREET ADDRESS** 1817 Highland Road  
**CITY-ST-ZIP** Osprey, FL 34229

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

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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)(f), 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

C. Norman Nichols

05/01/01

941-918-1784

CR2E034 (11/00)