

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000388

1. Entity Name

ARIELLE PRODUCTIONS, INC.

Principal Place of Business

785 VISCAYA BOULEVARD
ST. AUGUSTINE FL 32086

Mailing Address

785 VISCAYA BOULEVARD
ST. AUGUSTINE FL 32086

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

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

BOLES, JOSEPH L JR.

~~120 CHARLOTTE STREET~~
ST AUGUSTINE FL 32084

19 Riberia Street

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	EUBANKS, GERALD	785 VISCAYA BOULEVARD	ST. AUGUSTINE FL 32086	<input type="checkbox"/> Delete			
D	EUBANKS, ARTRELLE D	5101 BURNSIDE COURT	TAMPA FL 33624	<input type="checkbox"/> Delete			
D	SAULSBY, MARVA	10539 CHADBOURNE DRIVE	TAMPA FL 33624	<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerald Eubanks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 2001
Date

Daytime Phone #

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90017 018 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)