

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # N02000008472

1. Entity Name

Pharcyde Entertainment, Inc.



04 FEB -4 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8159 Arlington Expressway

3. Mailing Address
8159 Arlington Exp

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.
3

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip
32211

Country
USA

Zip
32211

Country
USA

4. FEI Number 81-0581037

Applied For
Not Applicable

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

REINSTATEMENT

03-04

7. Name and Address of Current Registered Agent

Name - Isaiah Meders

Street Address (P.O. Box Numbers Not Acceptable)

8159 Arlington Exp #3

City Jacksonville

FL Zip Code 32211

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ISAIAH R Meders

[Signature]

2/3/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President/Secretary
Isiah Meders
8159 Arlington Exp #3
Jacksonville FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President/Treasurer
Leslie Peck
8159 Arlington Exp #3
Jacksonville, FL 32211

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Allison Boston
500 Lunalilo Home Rd #22L
Honolulu, HI 96825

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Kitty Mccafferty
4751 Southern Pacific Dr
Jacksonville, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
ALice Waring
1301 S First St
JaxBch, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Director
Sherry Garbarin
2175 Cumberland Ct
Fernandina Bch, FL 32034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900025727429
12/23/03--01034--014 **70.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900025727429
01/23/04--01059--008 **240.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

12/5/03

904-637-7893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)