

# 2000 UNIFORM BUSINESS REPORT (UBR)

9/5/00-90027-004-\$61.25-\$61.25

1062

**DOCUMENT # N99000002485**

1. Entity Name

**CERROMAR PRODUCTIONS, INC.**

P

**FILED**

**00 NOV -3 PM 3:39**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 427 CERROMAR LANE, UNIT 455 VENICE FL 34293	Mailing Address 427 CERROMAR LANE, UNIT 455 VENICE FL 34293
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number <b>65-0926797</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**8. Name and Address of Current Registered Agent**

**HERRLE, ROBERT L**  
427 CERROMAR LANE, UNIT 455  
VENICE FL 34293

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PRESIDENT</b> <b>RICHARD A. HERRLE, SR</b> <b>427 CERROMAR LN, UNIT 455</b> <b>VENICE FL 34293</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>V.P., SECY, TREASURER</b> <b>ROBERT L. HERRLE</b> <b>427 CERROMAR LN, UNIT 455</b> <b>VENICE, FL 34293</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLADYS S. HERRLE</b> <b>30025 OAKCREST LANE</b> <b>FRANKLIN, MI</b> <b>48025</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard A. Herrle, Sr. **RICHARD A. HERRLE, SR** Date **8/30/00** P41-4872103  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)

20/2

10/29/00

Please Note:

U.S.P.S. did not forward this notice until 10/11/00 + therefore, with Pres + V.P. being "out of state" a reply within 30 days of notice date was not possible.

If you choose to dissolve the corporation we believe you owe us a return of the \$61.25 transmitted in August and received by you as acknowledged.

RaShud