

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90045 020 \*\*\*\*61.25

**DOCUMENT # N99000002485**

1. Entity Name

**CERROMAR PRODUCTIONS, INC.**

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

4839 NORMANDY PL.

3. Mailing Address

4839 NORMANDY PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

65-0926797

Applied For

Not Applicable

Zip

32811

Country

U.S.

Zip

32811

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00038030



DO NOT WRITE IN THIS SPACE

6. 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 **HERRLE, ROBERT L**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4839 NORMANDY PLACE**  
 City **ORLANDO** FL Zip Code **32811**

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 *Robert L. Herrle* DATE **3/26/01**  
 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**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRLE, RICHARD A SR	
STREET ADDRESS	427 CERROMAR LANE, UNIT 455	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	HERRLE, ROBERT L	
STREET ADDRESS	427 CERROMAR LANE, UNIT 455	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERRLE, GLADYS	
STREET ADDRESS	30025 OAKLEAF LANE	
CITY-ST-ZIP	FRANKLIN MI 48025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRLE, RICHARD A SR	
STREET ADDRESS	618 BACK NINE DR.	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRLE, ROBERT L	
STREET ADDRESS	4839 NORMANDY PLACE	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRLE, GLADYS	
STREET ADDRESS	30025 OAKLEAF LN	
CITY-ST-ZIP	FRANKLIN MI 48025	
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		

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, PD* DATE: **3/26/01** PHONE: **941-497-2103**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0077

CR2E037 (10/00)