

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91342 033 \*\*\*\*61.25

**DOCUMENT # N99000004493**

1. Entity Name

**HOLLYWOOD EAST STUDIO, INC.**

Principal Place of Business

Mailing Address

~~2450 SUNSET POINT RD. STE A~~  
~~CLIAWATER FL 34786~~

BOX 674  
 PALM HARBOR FL 34682-0674

**00054318**

2. Principal Place of Business

3. Mailing Address

**1730 FLORIDA AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**PALM HARBOR, FLORIDA**

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

**34683**

**U.S.A.**

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

**REICHEL, RICHARD**  
**1721 GEORGIA AVE**  
**PALM HARBOR FL 34683**

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

**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 **DC** ☐ Delete  
 NAME **REICHEL, RICHARD R.**  
 STREET ADDRESS **1721 GEORGIA AVE.**  
 CITY-ST-ZIP **PALM HARBOR, FL. 34683**

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

TITLE **DP** ☐ Delete  
 NAME **REICHEL, RAULTON R**  
 STREET ADDRESS **1721 GEORGIA AVE.**  
 CITY-ST-ZIP **PALM HARBOR, FL. 34683**

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

TITLE **D** ☐ Delete  
 NAME **SWIFT, STEVE LEE**  
 STREET ADDRESS **106 20TH STREET**  
 CITY-ST-ZIP **BELLEAIR BEACH, FL.**

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

TITLE **D** ☐ Delete  
 NAME **REICHEL, ROUCHEL**  
 STREET ADDRESS **1721 GEORGIA AVE**  
 CITY-ST-ZIP **PALM HARBOR, FL. 34683**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

CP2FC037 (3/00)