

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005767

1. Entity Name

DOWN SOUTH PRODUCTIONS, INC.

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90007 019 ****61.25

Principal Place of Business

Mailing Address

3228 LAUREL STREET
 GULF BREEZE FL 32561

3228 LAUREL STREET
 GULF BREEZE FL 32561-5313

70000401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3622390

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

WEAVER, MIKE
 3228 LAUREL STREET
 GULF BREEZE FL 32561

Name **PATRICIA WEAVER**
 Street Address (P.O. Box Number is Not Acceptable)
3228 LAUREL STREET
 City **GULF BREEZE** FL **32561**

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 **PATRICIA WEAVER**
Patricia B Weaver

DATE **4/25/00**

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 ☐ Delete
 NAME ~~CHRIS MCNICKLE~~
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **C**
 STREET ADDRESS **CHRIS MCNICKLE**
 CITY-ST-ZIP **WILSON AVE
 THOMASVILLE, AL 36784**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **STUART-HALL**
 CITY-ST-ZIP **2080 THORN CLIFF TRACE
 CUMMIN, GA 30040**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **DAVID GILLETTE**
 CITY-ST-ZIP **8808 UNIVERSITY PKWY
 PENSACOLA, FL 32514**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **STEVE SHIRK**
 CITY-ST-ZIP **335 EAST INDUSTRIAL PARK RD
 MURPHYSBORO, IL 62766**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **WAYNE BUTTS**
 CITY-ST-ZIP **2950 RANCHETTE SQUARE
 GULF BREEZE, FL 32561**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **JASON WEAVER**
 CITY-ST-ZIP **3228 LAUREL ST
 GULF BREEZE, FL 32561**

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: **JASON WEAVER**
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/25/00** DAYTIME PHONE # **850-932-0685**

CR2E037 (9/99)

Box 11 Doc# N99000005707

A0058461

D

MICHAEL WEAVER

3228 LAUREL STREET

GULF BREEZE, FL 32561