

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000005767**

1. Entity Name  
DOWN SOUTH PRODUCTIONS, INC.

Principal Place of Business  
3228 LAUREL STREET  
GULF BREEZE FL 32561

Mailing Address  
3228 LAUREL STREET  
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number  
**59-3622390**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER PATRICIA  
3228 LAUREL STREET  
GULF BREEZE FL 32561

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 **PATRICIA WEAVER**

**05/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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 D ☐ Delete  
NAME WEAVER JASON  
STREET ADDRESS 3228 LAUREL STREET  
CITY-ST-ZIP GULF BREEZE FL 32561

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

TITLE D ☐ Delete  
NAME BUTTS WAYNE  
STREET ADDRESS 2950 RANCHETTE SQUARE  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE ☒ Change ☐ Addition  
NAME DEMPSEY MAX L  
STREET ADDRESS 904 ELLEN ST.  
CITY-ST-ZIP SARALAND AL 36571

TITLE D ☐ Delete  
NAME SHIRK STEVE  
STREET ADDRESS 335 E INDUSTRIAL PARK ROAD  
CITY-ST-ZIP MURPHYSBORO IL 62966

TITLE ☒ Change ☐ Addition  
NAME WILSON PHIL  
STREET ADDRESS 31331 OAKRIDGE DR.  
CITY-ST-ZIP SPANISH FORT AL 36527

TITLE D ☐ Delete  
NAME GILLETTE DAVID  
STREET ADDRESS 8808 UNIVERSITY PKWY  
CITY-ST-ZIP PENSACOLA FL 32514

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

TITLE D ☐ Delete  
NAME HALL STUART  
STREET ADDRESS 2080 THORN CLIFF TRACE  
CITY-ST-ZIP CUMMING GA 30040

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

TITLE C ☐ Delete  
NAME MCNICKLE CHRIS  
STREET ADDRESS WILSON AVE  
CITY-ST-ZIP THOMASVILLE AL 36784

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)(f), 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

D

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

**MICHAEL WEAVER**  
**3228 LAUREL ST.**

**GULF BREEZE, FL 32561**