

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90101 022 ***150.00

DOCUMENT # P00000014103

1. Entity Name
A.E.N. PRODUCTIONS, INC.

Principal Place of Business

1104 12TH ST. N.
ST. PETERSBURG FL 33705

Mailing Address

1104 12TH ST. N.
ST. PETERSBURG FL 33705

2. Principal Place of Business

105 22ND AVE SE

Suite, Apt. #, etc.

3. Mailing Address

105 22ND AVE SE

Suite, Apt. #, etc.

City & State

ST Petersburg FL

City & State

ST Petersburg FL

Zip

33705

Country

Pineellas

Zip

33705

Country

Pineellas

4. FEI Number

59-3621521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NAVAGE, ADAM
1104 12TH ST. N.
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

NAVAGE ADAM

Street Address (P.O. Box Number is Not Acceptable)

105 22ND AVE SE

City

ST Petersburg FL 33705

Zip Code

33705

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 **ADAM NAVAGE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **NAVAGE, ADAM**
STREET ADDRESS **1104 12 STREET N**
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **ADAM NAVAGE**
STREET ADDRESS **105 22ND AVE SE**
CITY-ST-ZIP **ST Petersburg FL 33705**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ADAM NAVAGE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-02

Daytime Phone #

727 515-5281

CR2E034 (9/01)