**2001 UNIFORM BUSINESS REPORT (UBR)** 

P00000058380

Mailing Address

3. Mailing Address

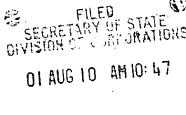
City & State

Suite, Apt. #, etc.

2401 TAMARIND ST

PORT CHARLOTTE FL 33948

" Amended "





DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change

6. Name and Address of Current Registered Agent Name MARSHALL PAULG

	111 W OLYMPIA AVE PUNTA GORDA FL 33950	Street Address (P.O. Box Number is Not Acceptable)						
	٤	City	FL	Zip Code				
8.	3. 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.							

(NOTE: Registered Agent signature required when reinstating)

Country

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☐ Delete

☐ Delete

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

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

OFFICERS AND DIRECTORS

Country

**DOCUMENT #** 

Principal Place of Business

PORT CHARLOTTE FL 33948

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

11.

TITI F

2401 TAMARIND ST

SIX PRODUCTIONS, INC.

1. Entity Name

FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State

TITLE

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

☐ Addition

SENSEMAN, JAMES A NAME NAME 2401 TAMARIND ST STREET ADDRESS STREET ADDRESS PORT CHARLOTTE FL 33948 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition NAME SENSEMAN, DONNA L 08/22/01--01080--006 2401 TAMARIND ST STREET ADDRESS STREET ADDRESS \*\*\*\*\*61.25 **PORT CHARLOTTE FL 33948** CITY-ST-ZÍP 🖫 CITY-ST-7IP ☐ Change — ☐ Addition : ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition