

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

02-20-2001 90055 025 ***150.00

DOCUMENT # P00000073681

1. Entity Name

MCPHEE STUDIOS, INC.

Principal Place of Business

Mailing Address

2206 DONATO DR
 BELLEAIR BEACH FL 33786

2206 DONATO DR
 BELLEAIR BEACH FL 33786

2. Principal Place of Business

3. Mailing Address

14219 WALSHINGHAM RD.

Suite, Apt. #, etc.
SUITE # L

Suite, Apt. #, etc.

City & State

LARGO, FLORIDA

City & State

Zip

33774

Country

U.S.A.

Zip

Country

4. FEI Number

52-2262359

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

MINSHALL, SHARON
2206 DONATO DR
BELLEAIR BEACH FL 33786

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

SHARON L. MINSHALL, V.P.

Sharon Minshall

Feb 5, 2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	SHARON L. MINSHALL	
STREET ADDRESS	2206 DONATO DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	PAUL MCPHEE	
STREET ADDRESS	2206 DONATO DRIVE	
CITY-ST-ZIP	BELLEAIR BEACH, FL 33786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SHARON L. MINSHALL
Sharon Minshall

Feb 5, 2001 727-596-3963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)