## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## **FILED** May 15, 2002 8:00 am Secretary of State P00000087426 **DOCUMENT #** 1. Entity Name 05-15-2002 90168 002 \*\*\*150.00 THE RED DOOR STUDIO, INC. Mailing Address Principal Place of Business 109 E. 4TH AVE. 109 E. 4TH AVE. MT. DORA FL 32757 MT. DORA FL 32757 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3669813 Not Applicable \$8.75 Additional 7in Country Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) DRAPIZA, RUDY D 2000 HILLCREST ST., APT. 1001 350 E. 6TH AVE MT DORA, FL 328 ORLANDO FL-32803 Zip Code City 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 NOTE: Registered Agent signature required when reinstating) ame of registered agent and title if FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change TITLE ☐ Delete PD TITLE 2000 HILLEREST ST., APT. 1001 350 E 6THAVE NAME : STREET ADDRESS DORA, FL 3275 ORLANDO-FL 32803 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TD NAME DRAPIZA, JOY STREET ADDRESS 20<del>00 HILLCREST ST., APT. 1001</del> STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP ~ Change Addition TITLE ' TITLE 35DE 6TH AVE NAME DRAPIZA, NATHANIEL NAME STREET ADDRESS 1115 OAKPOINT CIRCLE STREET ADDRESS ZITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.