

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91047 001 \*\*\*100.00  
05-03-2001 91047 002 \*\*\*\*50.00

**DOCUMENT # P00000096200**

**1. Entity Name**  
**FLIM FLAM FILMS, COMPANY**

**Principal Place of Business** P.M.B. 188  
1616-102 CAPE CORAL PKWY. WEST  
CAPE CORAL FL 33914

**Mailing Address** P.M.B. 188  
1616-102 CAPE CORAL PKWY. WEST  
CAPE CORAL FL 33914

- 09226



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
2710 Del Prado Blvd  
Suite, Apt. #, etc. #2-257  
City & State Cape Coral, FL  
Zip 33904 Country U.S.A.

**3. Mailing Address**  
2710 Del Prado Blvd  
Suite, Apt. #, etc. #2-257  
City & State Cape Coral, FL  
Zip 33904 Country U.S.A.

**4. FEI Number** 65-1065895 **Applied For** ☒ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**  
WOOD, COREY M  
P.M.B. 188  
1616-102 CAPE CORAL PKWY. WEST  
CAPE CORAL FL 33914

**7. Name and Address of New Registered Agent**  
Name Alice M. Wood  
Street Address (P.O. Box Number is Not Acceptable)  
3606 S.E. 1<sup>ST</sup> PL  
City Cape Coral FL Zip Code 33904

**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) DATE 1/14/01

**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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, COREY M		NAME		
STREET ADDRESS	2710 Del Prado Blvd #2-257		STREET ADDRESS		
CITY-ST-ZIP	Cape Coral, FL 33904		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, ERIK O		NAME		
STREET ADDRESS	2710 Del Prado Blvd #2-257		STREET ADDRESS		
CITY-ST-ZIP	Cape Coral, FL 33904		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.**

**SIGNATURE:** **Corey M. Wood** **04/05/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)