

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096837

1. Entity Name  
RUMBLE CITY PRODUCTIONS, INC.

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90463 016 \*\*\*150.00

Principal Place of Business  
3105 WEST AZEELE STREET  
TAMPA FL 33609

Mailing Address  
3105 WEST AZEELE STREET  
TAMPA FL 33609

2. Principal Place of Business  
6020 S. 2ND STREET

3. Mailing Address  
PO BOX 10412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA, FL

City & State  
TAMPA, FL

Zip  
33611

Country  
USA

Zip  
33679

Country  
USA

4. FEI Number  
59-368 0129

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

DESLOOVERE, MURIEL  
1715 WEST CLEVELAND STREET  
TAMPA FL 33606

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete  
D SULL, CHARLES I  
STREET ADDRESS 3105 WEST AZEELE STREET  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE NAME ☐ Delete  
D FERNANDEZ, PETER  
STREET ADDRESS 3105 WEST AZEELE STREET  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE NAME ☐ Delete  
D FERNANDEZ, MARCELANO  
STREET ADDRESS 3105 WEST AZEELE STREET  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE NAME ☐ Delete  
D VALDEZ, JOSEPH  
STREET ADDRESS 3105 WEST AZEELE STREET  
CITY-ST-ZIP TAMPA FL 33609

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/10/01 Daytime Phone #: 813 244 3276

CR2E034 (10/00)