## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P0000099573

1. Entity Name

CORTEZ STUDIO, INC.

Principal Place of Business

Mailing Address

4504-06 124TH ST W CORTEZ FL 34215

SIGNATURE

P O BOX 435 CORTEZ FL 34215

	•	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u></u>
City & State	City & State	•

FILED May 05, 2001 8:00 am Secretary of State

05-05-2001 90826 010 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

DATE

City & State City & State			4. FEI Number 45- 1056042	Applied For Not Applicable		
Zip	⇒Country:	Zip-	Country		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
·			. Name			
NAYLOR, PENELOPE 4504-06 124TH ST W		Street Address (P.O. Box Number is Not Acceptable)				
CORTEZ FL 342	215					
			City		FL Zgjrg	

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.

This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
to Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

(See criter	ia on back)	Make Check Payable	to Department				
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOY	e NAYLOR	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID T	lesident eitelbaum Island um, fl 34210	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASUR PENELOI 75 TID BRADE	EER DE NAYLOR Y ISLAND WIM, PL 34210	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	☐ Addition

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 attaphment with an address, with all other like empowered.

SIGNATURE: SChelge/ ay/a CPE

ENELOPE NAYLOR) 04 18 01 941.761.388

Daytime Prione #

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