

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90428 027 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000100700

1. Entity Name

Boyside Studios, INC.

03/11/14

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

661 Field Club Circle

Suite, Apt. #, etc.

3. Mailing Address

PO Box 180833

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Casselberry FL

City & State

Casselberry FL

4. FEI Number

59-3681820

☒ Applied For

☐ Not Applicable

Zip

32707

Country

USA

Zip

32708

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Gene Ostrowski

Street Address (P.O. Box Number is Not Acceptable)

661 Field Club Circle

City

Casselberry

FL

Zip Code

32707

**DO NOT WRITE
IN THIS SPACE**

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

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

GENE OSTROWSKI PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/12/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P/V/T/S
Gene Ostrowski
661 Field Club Circle Casselberry FL 32707

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

321-263-3117

Daytime Phone #

CR2ED348 (12/01)