

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

08-31-2001 90113 025 ***550.00

DOCUMENT # P00000105003

1. Entity Name
FOREVERMORE FILMS, INC.

Principal Place of Business
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 138
ORLANDO FL 32819

Mailing Address
1000 UNIVERSAL STUDIOS PLAZA
BLDG. 22A, SUITE 138
ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3685105

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

TREXLER, SHERRY
2962 FALLING TREE CIRCLE
ORLANDO FL 32837

Name **SHERRY SIMMONS**

Street Address (P.O. Box Number is Not Acceptable)
2962 Falling Tree Cr.

City **Orlando** FL Zip Code **32837**

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 *Sherry Simmons*

(NOTE: Registered Agent signature required when reinstating)

DATE

8/22/01

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 \$550.00
After September-12, 2001-Fee will be \$750.00
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 **PS** ☐ Delete
 NAME **SIMONS, PAUL P**
 STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #138**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SIRMONS, PAUL** ☒ Change ☐ Addition
 NAME **SIRMONS, PAUL**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPT** ☐ Delete
 NAME **TREXLER, SHERRY**
 STREET ADDRESS **1000 UNIVERSAL STUDIOS PLAZA BLDG 22A #138**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **SIRMONS, SHERRY** ☒ Change ☐ Addition
 NAME **SIRMONS, SHERRY**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Sherry Simmons*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/01 **800-459-0327**
 Date Daytime Phone #

CR2E034 (5/01)