

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061784

1. Entity Name
SOUTHERN VIDEO, INC.

Principal Place of Business

279 CHURCHHILL DR
LONGWOOD FL 32779

Mailing Address

279 CHURCHHILL DR
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

PO Box 163191

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs FL

Zip

Country

Zip

Country

32716

Seville

4. FEI Number

59-3728949

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

CARLISI, ROBERT F
279 CHURCHHILL DR
LONGWOOD FL 32779

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

R. Carlisi

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-02

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, 2002 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
CARLISI, ROBERT F
STREET ADDRESS
279 CHURCHHILL DR
CITY-ST-ZIP
LONGWOOD FL 32779

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
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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:

R. Carlisi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-02

4073105308

FILED
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90020 022 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)