

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062363

1. Entity Name

BRANDENBURG PRODUCTIONS, INC.

Principal Place of Business

612 SAFEHARBOUR DR.
OCOE FL 34761

Mailing Address

612 SAFEHARBOUR DR.
OCOE FL 34761

2. Principal Place of Business

612 Safeharbour Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocoee FL

City & State

FL

Zip

34761

Country

USA

Zip

34761

Country

USA

4. FEI Number

59-3725329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANDENBURG, ROBERT
612 SAFEHARBOUR DR.
OCOE FL 34761

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P
NAME BRANDENBURG, ROBERT ☐ Delete
STREET ADDRESS 612 SAFEHARBOUR DR.
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Robert Brandenburg Pro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02 407-234-1034

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)