

2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-28-2002 91698 023 ***150.00

DOCUMENT # P01000066605

1. Entity Name
14TH STREET BOOKS, INC.

Principal Place of Business

4949 14TH STREET WEST
BRADENTON FL 34207

Mailing Address

4949 14TH STREET WEST
BRADENTON FL 34207

94551



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

18340 Ventura Bl

Suite, Apt. #, etc.

230

City & State

City & State

Tarzana CA

4. FEI Number

65-1119823

Applied For

Not Applicable

Zip

Country

Zip

Country

91356

USA

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

LIROT, LUKE CHARLES ESQ
112 E. STREET, STE. B
TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, JOHN	
STREET ADDRESS	4949 14TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE		<input type="checkbox"/> Delete
NAME	Don Browning	
STREET ADDRESS	5921 Julian Lane	
CITY-ST-ZIP	Tarzana CA 91356	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Controller

4/26/02

Date

818-757-3796

Daytime Phone #

CR2E034 (9/01)