

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 012 ***150.00

DOCUMENT # P01000096736

1. Entity Name

MOVIE BUFFS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

690 SOUTH BROAD STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2127

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BROOKSVILLE, FL 34601

Zip

Country

City & State

DADE CITY, FL 33526

Zip

Country

4. FEI Number

59-3748816

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SPIEGEL & UTRERA, PA

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

1840 SW 22ND ST.

4TH FLOOR

City

MIAMI

FL

Zip Code
33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SMITH, DANIEL L.
P.O. BOX 2127
DADE CITY, FL 33526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SMITH, LINDA L.
P.O. BOX 2127
DADE CITY, FL 33526

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL L. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-03

Date

352-521-0909

Daytime Phone #

CR2E034B (12/02)