

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000108464

1. Entity Name
CHECK PLUS PRODUCTIONZ CORP.



FILED

03 SEP 26 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
12082 DIOGENES CT
ORLANDO, FL 32826

Mailing Address
12082 DIOGENES CT
ORLANDO, FL 32826

2. Principal Place of Business
360 WEST COMSTOCK AVE.
Suite, Apt. #, etc.

3. Mailing Address
360 WEST COMSTOCK AVE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
WINTER PARK FL
Zip
32789
Country
ORANGE

City & State
WINTER PARK FL
Zip
32789
Country
ORANGE

4. FEI Number
75-3011872
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CHRIS, CUCCI
10361 DYLAN ST.
APT. 1011
ORLANDO, FL 32826

7. Name and Address of New Registered Agent
Name **CHRIS CUCCI**
Street Address (P.O. Box Number is Not Acceptable) **360 WEST COMSTOCK AVE**
WINTER PARK **32789**
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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$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	P TANGREDI, DAVID M 12082 DIOGENES CT ORLANDO, FL 32826 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CUCCI, CHRIS 10361 DYLAN ST APTT 1011 ORLANDO, FL 32826 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800029448468 09/30/03--01049--010 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRIS CUCCI 360 WEST COMSTOCK AVE. WINTER PARK FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

3 September 2003 407-414-5474
Date Daytime Phone #

CR20034 (10/02)