

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01675

1. Entity Name

MOTHER'S VIDEO AND MOVIE COMPANY, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90008 010 ***150.00

Principal Place of Business

Mailing Address

368 MERRITT SQUARE
MERRITT ISLAND FL 32952

368 MERRITT SQUARE
MERRITT ISLAND FL 32952-3574

2. Principal Place of Business

3. Mailing Address

709 WINGFOOT LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE FL

4. FEI Number 59-2211900

Applied For

Not Applicable

Zip

Country

Zip

Country

32940 BREUVED

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

WINDOM, MICHAEL D.
709 WINGFOOT LANE
MELBOURNE FL 32940

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, 2000 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 PD
NAME WINDOM, MICHAEL D.
STREET ADDRESS 709 WINGFOOT LANE
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE SD
NAME WINDOM, JOHN
STREET ADDRESS 112 DUDLEY DRIVE
CITY-ST-ZIP ROCKLEDGE FL ☐ Delete

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

TITLE VD
NAME WINDOM, BOB
STREET ADDRESS 220 COVENTRY ROAD
CITY-ST-ZIP VIRGINIA BCH. VA ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)