

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 010 ***150.00

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DOCUMENT # P02000003132

1. Entity Name
VOID STUDIOS INC.



Principal Place of Business
**7200 ULMERTON ROAD #F-1
LARGO FL 33771**

Mailing Address
**7200 ULMERTON ROAD #F-1
LARGO FL 33771**

2. Principal Place of Business
PO BOX 21361

3. Mailing Address
PO BOX 21361

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

4. FEI Number
80-0006470

Applied For
Not Applicable

Zip
33742-1361

Country

Zip
33742-1361

Country

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

**JARZABEK, JACEK
7200 ULMERTON ROAD #F-1
LARGO FL 33771**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **JARZABEK, JACEK**
STREET ADDRESS **7200 ULMERTON ROAD #F-1**
CITY-ST-ZIP **LARGO FL 33771**

TITLE **P** ☐ Change ☐ Addition
NAME **Jacek Jarzabek**
STREET ADDRESS **PO BOX 21361**
CITY-ST-ZIP **St. Petersburg, FL 33742**

TITLE **D** ☒ Delete
NAME **SEGEKOVA, VLADIMIRA**
STREET ADDRESS **7200 ULMERTON ROAD #F-1**
CITY-ST-ZIP **LARGO FL 33771**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Sec** ☐ Change ☒ Addition
NAME **Bruce J Bicknell**
STREET ADDRESS **12440 Berkeley Square Dr**
CITY-ST-ZIP **Tampa FL 33626**

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

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:

JACEK JARZABEK
PRESIDENT

4-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)