

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90142 035 \*\*\*155.00

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DOCUMENT # **P02000006271**

1. Entity Name  
**3RD DEGREE BURNS FILMS, INC.**



Principal Place of Business  
**7415 SOUTH A1A  
SUITE 203  
MELBOURNE BEACH FL 32951**

Mailing Address  
**7415 SOUTH A1A  
SUITE 203  
MELBOURNE BEACH FL 32951**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3587838** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent  
Name **Dr. Gary M. Berns**  
Street Address (P.O. Box Number is Not Acceptable) **7415 South Hwy. A1A #203**  
City **Melbourne Beach FL** Zip Code **32951**

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]* DATE **7/05/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD BERNS, GARY M 7415 SOUTH A1A, SUITE 203 MELBOURNE BEACH FL 32951</b> <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
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
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
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]* DATE **7-5-2003** DAYTIME PHONE # **321 7331958**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment

# 10110615  
# 90200006271

3<sup>rd</sup> Degree Burns Films, Inc.  
7415 South Hwy. A1A, Suite 203  
Melbourne Beach, Florida 32951  
321-733-1958 Office  
1-877-697-9443 Toll Free  
321-952-0962 Fax  
[www.3rddegreeburns.net](http://www.3rddegreeburns.net)

July 15, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
~~P.O. Box 6327~~  
Tallahassee, Florida 32314

To Whom It May Concern:


I am writing to request some consideration for the processing of the attached Uniform Business Report. As per our phone conversation with your office, we did not receive the form to file on time as it went to our registered agent, who neglected to inform us of the timely need to file. We are respectfully requesting a waiver of the \$400.00 penalty fee, in that we did not receive the materials to fill out this form on time from the registered agent.

For this reason, we are changing the registered agent in block #7 to the president of the corporation, Dr. Gary M. Berns, and are hereby requesting all future communications to be sent to the new registered agent named herein.

I am enclosing a check in the amount of \$155.00, which is the \$150.00 filing fee, plus \$5.00 for the election fund. Please advise me if this will or will not be adequate in the processing of the enclosed report.

Thank you for your time, consideration and attention in this matter.

Sincerely,



Dr. Gary M. Berns  
President and new registered agent