

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91286 014 ***150.00

0115063 AV

DOCUMENT # P02000112368

1. Entity Name
MID-FLORIDA FILM, INC.



Principal Place of Business
**1211 CARIBBEAN COVE CT.
ORLANDO FL 32824**

Mailing Address
**1211 CARIBBEAN COVE CT.
ORLANDO FL 32824**

2. Principal Place of Business
2801 E. HWY 192

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
KISSIMMEE, FL

City & State

4. FEI Number

11-3659517

Applied For

Not Applicable

Zip
34744

Country
US

Zip

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

**CALDERA, ENOC
1211 CARIBBEAN COVE CT.
ORLANDO FL 32824**

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CALDERA, ENOC**
CITY-ST-ZIP **1211 CARIBBEAN COVE CT.
ORLANDO FL 32824**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **GONZALEZ, CARLOS**
CITY-ST-ZIP **13410 MEADOW FIELD DR.
ORLANDO FL 32824**

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **GONZALEZ, CARLOS**
CITY-ST-ZIP **1211 CARIBBEAN COVE CT
ORLANDO, FL 32824**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SD**
STREET ADDRESS **DE CALDERA, MARIA**
CITY-ST-ZIP **1211 CARIBBEAN COVE CT
ORLANDO, FL 32824**

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: _____

SIGNATURE REQUIRED

4-10-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)