

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P04000163943

1. Entity Name *Undiscovered Live, INC*
1950. WEST HAMPSHIRE ST STB
ORLANDO, FL 32804

05 MAY -2 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *1950 WEST HAMPSHIRE ST*

3. Mailing Address

Suite, Apt. #, etc. *B*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State *ORLANDO*

City & State *FL 32804*

4. FEI Number *81-0660095*

Applied For

Not Applicable

Zip *32804*

Country *USA*

Zip *32804*

Country *USA*

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Complete Business Solutions, INC*

Street Address (P.O. Box Number is Not Acceptable)

1805 CANOVA ST #2

City *Palm Bay*

FL

Zip Code *32909*

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

5-2-05

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *P*
NAME *Frederick MCKINGHT*
STREET ADDRESS *1950 W. NEW HAMPSHIRE ST STB*
CITY-ST-ZIP *ORLANDO, FL 32804*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100053934741
*05/06/05--01010--009 **150.00*

TITLE *Sec*
NAME *Pamela MCKINGHT*
STREET ADDRESS *1950 W. NEW HAMPSHIRE ST STB*
CITY-ST-ZIP *ORLANDO, FL 32804*

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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 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 #

5-2-05

CR2E034B (12/01)