

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000015842

1. Entity Name

SOUND STAGE CREATIONS INCORPORATED

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90040 005 ***150.00

Principal Place of Business

Mailing Address

830-13 A-1-A NORTH
SUITE 113
PONTE VEDRA BEACH FL 32082
US

10640 QUAIL RIDGE DR.
ST. AUGUSTINE FL 32095-8830
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3172356

Applied For

Not Applicable

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

MCCLURE, GEORGE M
81 KING STREET
SUITE A
ST AUGUSTINE FL 32084

Name Donald R. McClung
Street Address (P.O. Box Number is Not Acceptable)

10640 Quail Ridge Drive
City St. Augustine, FL Zip Code 32095

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

2/16/00
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 ☐ Delete
NAME D
STREET ADDRESS MCCLUNG, DONALD R
CITY-ST-ZIP 10640 QUAIL RIDGE DRIVE
ST AUGUSTINE FL 32095

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Donald R. McClung, Donald R. McClung, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00 (904) 825-4381
Date Daytime Phone #

CR2E034 (9/99)