

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000035979**

1. Entity Name

F.G.L. STUDIOS, INC.**FILED**
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90027 037 ***150.00

826214



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6366 49 ST. N.
PINELLAS PARK FL 34665
US

Mailing Address
6366 49 ST. N.
PINELLAS PARK FL 33781-5724
US

2. Principal Place of Business
6401 49 St. N.
Suite, Apt. #, etc.

3. Mailing Address
6401 49 St. N.
Suite, Apt. #, etc.

City & State
Pinellas Park, FL

City & State
Pinellas Park, FL

Zip
33781

Country
US

Zip
33781

Country
US

4. FEI Number
59-3243640

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THORBECKE, HERMAN
5906 35 AVE. N.
ST. PETERSBURG FL 33710

7. Name and Address of New Registered Agent

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.

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	THORBECKE, LEA	5906 35 AVE. N.	ST. PETERSBURG FL 33710	<input type="checkbox"/>
P	THORBECKE, HERMAN	5906 35TH AVE N	ST PETERSBURG FL	<input type="checkbox"/>
PM	HART, ERIC	1029 26 AVEN #2	ST PETERSBURG FL 33704	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	Gaskill, James	202 49 Ave. N.	St. Petersburg, FL 33703	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00
Date

7275440625
Daytime Phone #