6887080
Ą

954 390 (ay 0

FILED

Jan 10, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the in indicated on this report or of the corporation or the r

SIGNATURE:

changed, or on an attach

## **DOCUMENT #** P94000041148 **Secretary of State** 01-10-2002 90001 003 \*\*\*150.00 DAVID BISHOP PRODUCTION SERVICES, INC. Principal Place of Business Mailing Address 1636 CORAL RIDGE DR 1636 CORAL RIDGE DR FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0495488 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired [ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BISHOP, LAURA C 242 CORSAIR AVENUE LAUDERDALE BY THE SEA FL 33308 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: Begistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE ☐ Change TITLE BISHOP, DAVID NAME NAME STREET ADDRESS 1636 CORAL RIDGE DR STREET ADDRESS FORT LAUDERDALE FL 33305 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE BISHOP L BISHOP, L T035 CORAL RIDGE DR FORT LAUDERDALE FL 33305 NAME NAME 1636 Coral Ridge Drive STREET ADDRESS STREET ADDRESS 33305 CITY-ST-7/P CITY - ST-ZIP TITLÉ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

nation 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 pelemental 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 live or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, land that my name appears in Block 11 or Block 12 if

<u> 2007</u>