

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080542

1. Entity Name

UNIVERSITY VIDEO CONCEPTS, INC.

R

FILED

Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90154 033 ***150.00

Principal Place of Business

9101 LAKERIDGE BLVD
#23
BOCA RATON FL 33496

Mailing Address

9101 LAKERIDGE BLVD
#23
BOCA RATON FL 33496

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

65-0553985

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

FERGUSON, PETER J
23453 LIBERTY BELL TERRACE
BOCA RATON FL 33433

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREET ADDRESS
CITY-ST-ZIP
DPT
FERGUSON, PETER J
9101 LAKERIDGE BLVD #23
BOCA RATON FL 33496

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

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS
FERGUSON, PETER J
678 WEST GLADES RD.
BOCA RATON FL 33431

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-2000 561-477-3731

Date

Daytime Phone #

UNIVERSITY VIDEO CONCEPTS, INC.

9101 LAKERIDGE BLVD., SUITE 23
BOCA RATON, FL. 33496
(561) 477-3731

Attachment
D# P94 0000 80542
pur00004

To: Department of State

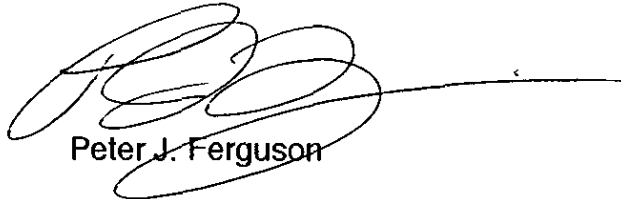
From: University Video Concepts, Inc.

Date: July 12, 2000

Subject: 2000 Uniform Business Report (document # P94000080542)

I called your office on the day I recieved the "second notice". I am including this letter to let your office know that I did not recieve my "first notice". I am not sure but it might have been sent to our old location which is closed. I checked the deleted box on the form you sent so this doesn't happen again. I am sorry for the mix up and appreciate you assistance with this matter. I can be reached at the above phone number Monday through Friday.

Thank-You,



Peter J. Ferguson