

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90130 030 ***158.75

DOCUMENT # P94000088078

1. Entity Name
STUNT DYNAMICS, INC.



Principal Place of Business
**200 CUMBIE DRIVE
HAINES CITY FL 33844
US**

Mailing Address
**P.O. BOX 3729
HAINES CITY FL 33845
US**

00010001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3289592**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIMMERMAN, JOHN
200 CUMBIE DRIVE
HAINES CITY FL 33844**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE-NAME
**PTD
ZIMMERMAN, JOHN** ☐ Delete
STREET ADDRESS
200 CUMBIE DRIVE
CITY-ST-ZIP
HAINES CITY FL

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

TITLE-NAME
**VSD
ZIMMERMAN, KIM** ☐ Delete
STREET ADDRESS
200 CUMBIE DRIVE
CITY-ST-ZIP
HAINES CITY FL

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

TITLE-NAME
**D
CHURCHMAN, JAMES M.** ☒ Delete
STREET ADDRESS
29510 STATE ROAD 19
CITY-ST-ZIP
TAVARES FL

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

TITLE-NAME
**D
BRANDON, NICHOLAS** ☒ Delete
STREET ADDRESS
423 ASHBOURNE DR
CITY-ST-ZIP
ORLANDO FL 32830

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

TITLE-NAME
**D
GRAY, JASON** ☒ Delete
STREET ADDRESS
1003 NEVELLE LANE
CITY-ST-ZIP
ORLANDO FL 32818

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

TITLE-NAME
**D
AMOS, HENRY** ☒ Delete
STREET ADDRESS
2511 SWEET OAK STREET
CITY-ST-ZIP
OCOE FL 34761

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Zimmerman* **John Zimmerman**

24 JAN 03

863-421-2230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)