

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90072 024 ***150.00

DOCUMENT # P95000013093

1. Entity Name
FOCAL CONSTRUCTION VIDEO SERVICES, INC.

Principal Place of Business

2208 42ND ST W
BRADENTON FL 34205
US

Mailing Address

POST OFFICE BOX 14734
BRADENTON, FL 34280-4734
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

602 137th St NE
Suite, Apt. #, etc.
Bradenton FL
City & State

3. Mailing Address

602 137th St NE
Suite, Apt. #, etc.
Bradenton, FL
City & State

4. FEI Number **65-0557892**

Applied For
Not Applicable

Zip **34212** **Country** **US**

Zip **34212** **Country** **USA**

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

6. Name and Address of Current Registered Agent

DONNA KIRKMAN
2208 42ND ST. W.
BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name **Donna Kir Kman**
Street Address (P.O. Box Number is Not Acceptable)
602 137th St NE
City **Bradenton** **FL** **Zip Code** **34212**

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 **Donna Kirkman** **Owner / President** **3/5/2002**
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 \$150.00
After May 1, 2002 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 PD NAME DONNA KIRKMAN STREET ADDRESS 2208 42ND ST. W. CITY-ST-ZIP BRADENTON FL <input type="checkbox"/> Delete	TITLE PD NAME Donna Kir Kman STREET ADDRESS 602 137th St NE CITY-ST-ZIP Bradenton FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PM NAME KIRKMAN, DONNA STREET ADDRESS 2208 42ND ST W CITY-ST-ZIP BRADENTON FL 34205 <input type="checkbox"/> Delete	TITLE PM NAME Donna Kir Kman STREET ADDRESS 602 137th St NE CITY-ST-ZIP Bradenton, FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Donna Kirkman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2002 **(941) 747-6163**
Date Daytime Phone #

CR2E034 (9/01)