

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070770

1. Entity Name

FORCE PRODUCTION, INC.

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90027 017 \*\*\*150.00

Principal Place of Business

710 N VILLAGE DRIVE #101B  
ST PETERSBURG FL 33716

Mailing Address

710 N VILLAGE DRIVE #101B  
ST PETERSBURG FL 33716-3103

2. Principal Place of Business

4079 48th AVE. SOUTH

3. Mailing Address

4079 48th AVE. SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG FL

4. FEI Number

65-0604416

Applied For

Not Applicable

Zip

33711

Country

USA

Zip

33711

Country

USA

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

MCCORTNEY, JOHN R  
710 N VILLAGE DRIVE #101B  
ST PETERSBURG FL 33716

Name

JOHN R. MCCORTNEY

Street Address (P.O. Box Number is Not Acceptable)

4079 48th AVE SOUTH

City

ST. PETERSBURG

FL

Zip Code

33711

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCCORTNEY, JOHN R  
CITY-ST-ZIP 710 N VILLAGE DRIVE #101B  
ST PETERSBURG FL 33716

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS MCCORTNEY, JOHN R.  
CITY-ST-ZIP 4079 48th AVE SOUTH  
ST. PETERSBURG FL 33711

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R MCCORTNEY

03 March 00

Date

Daytime Phone #

(727)866-1338

CR2E034 (9/99)