

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084296

1. Entity Name

CRAZY LEGS PRODUCTION COMPANY, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90144 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1052 HIGHWAY 92 WEST  
AUBURNDAL FL 33823

1052 HIGHWAY 92 WEST  
AUBURNDAL FL 33823

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 **59-3351710**

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

DEZAYAS, BRUNO F.  
5120 S. LAKELAND DR.  
SUITE 3  
LAKELAND FL 33813

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 \$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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**WATKINS, KIMBERLY**  
**860 N BERKEY RD**  
**AUBURNDAL FL 33823**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP**  
**CONSTANT, HARLEY II**  
**1559 N LAKE SHIPP DR**  
**WINTER HAVEN FL 33880**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV**  
**CONSTANT, HARLEY SR.**  
**124 ELAINE DR**  
**AUBURNDAL FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV**  
**TO, VINCENT**  
**1052 HWY 92 WEST**  
**AUBURNDAL FL 33823**

TITLE  
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CITY-ST-ZIP

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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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-00