

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000086128

1. Entity Name
SPYCOM PRODUCTIONS, INC.

APPROVED
AND
FILED

00 DEC -7 PM 1:47

Principal Place of Business
P.O. BOX 2411
ORANGE PARK FL 32067-2411

Mailing Address
P.O. BOX 2411
ORANGE PARK FL 32067-2411

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

P.O. Box 374
Suite, Apt. #, etc.

P.O. Box 374
Suite, Apt. #, etc.

FLORAHOME

FLORAHOME, FL

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

32140

USA

32140

USA

REINSTATEMENT 2000

4. FEI Number

59-3368306

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, NATHAN D
50 N. LAURA STREET
SUITE 2750
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name Tracy RAMOS

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

1331 E. Lafayette street, Suite-A

City Tallahassee

FL

Zip Code

32301

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

12-7-00

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

TITLE D ☐ Delete
NAME MCGLAUGHLIN, FLINT
STREET ADDRESS 1409 KINGSLEY AVE BLDG #2
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Delete
NAME BRUT, ADAM H
STREET ADDRESS 503 PARKER ST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME HOLLIS, AUSTIN J
STREET ADDRESS 2974 HARTLEY RD WEST
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME CRENSHAW, TERRY
STREET ADDRESS 7231 CEDAR POINT RD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 700003511207--0
STREET ADDRESS -12/22/00--01020--014
CITY-ST-ZIP *****750.00 *****750.00

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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

11/30 650.745.3201
Date Daytime Phone #

CP2E034 (5/00)