

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003765

1. Entity Name

VIDEO GALLERY SUPERSTORE, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90120 009 \*\*\*150.00

Principal Place of Business	Mailing Address
12858 US HIGHWAY 301 DADE CITY FL 33525 US	12858 US HIGHWAY 301 DADE CITY FL 33525-5801 US



DO NOT WRITE IN THIS SPACE

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	59-3354775	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
SMITH, DANIEL L 12858 US HIGHWAY 301 DADE CITY FL 33525

7. Name and Address of New Registered Agent
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 \_\_\_\_\_ (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	
TITLE	PD
NAME	SMITH, DANIEL L
STREET ADDRESS	12858 US HIGHWAY 301
CITY-ST-ZIP	DADE CITY FL 33525
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: \_\_\_\_\_ DANIEL L SMITH 2-1-00 352-521-0979

CR2E034 (9/99)