

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010545

1. Entity Name

BROOME STREET STUDIO, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90450 026 ***150.00

Principal Place of Business

695 REGATTA RD
NAPLES FL 34103
US

Mailing Address

695 REGATTA RD
NAPLES FL 34103
US

00043678

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3435 Enterprise Ave
Unit 48
Naples FL
34104 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0659234

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GESCHARDT, ANNE
695 REGATTA RD
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

3435 Enterprise Ave Unit 48
Naples FL 34104

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's signature required when reinstating)

DATE

4/24/01

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, 2001 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 D ☐ Delete
NAME GESCHARDT, DANIEL
STREET ADDRESS 695 REGATTA RD
CITY-ST-ZIP NAPLES FL 34103

TITLE D ☐ Delete
NAME GESCHARDT, ANNE
STREET ADDRESS 695 REGATTA RD
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS 3435 Enterprise Ave Unit 48
CITY-ST-ZIP Naples, FL 34104

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3435 Enterprise Ave Unit 48
CITY-ST-ZIP Naples, FL 34104

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

TITLE ☐ Change ☐ Addition
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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

Day

Daytime Phone #

4/24/01 941-435-7771

CR2E034 (10/00)