

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011741

1. Entity Name

4 GIRLS ONLY PRODUCTIONS, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90068 025 \*\*\*150.00

Principal Place of Business

Mailing Address

5941 WINDHOVER DR.  
 ORLANDO FL 32819

5941 WINDHOVER DR.  
 ORLANDO FL 32861-7614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3366144

Applied For

Not Applicable

Orlando, Fl.

Ocoee, Fl.

Zip

Country

Zip

Country

32861

Orange

34761

Orange

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

MILLER, MELODY D  
 5941 WINDHOVER DR.  
 ORLANDO FL 32819

Name

Miller, Melody D.

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

2576 Twisting Sweetgum Way

City

Ocoee

FL

Zip Code

34761

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)

1/22/00

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Pres. Miller, Melody <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MELODY	NAME	2576 Twisting Sweetgum Way
STREET ADDRESS	5941 WINDHOVER DR.	STREET ADDRESS	Ocoee, Fl. 34761
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP	Ocoee, Fl. 34761
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	VP Miller, Cory <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKSON, PATTI	NAME	P.O. Box 617614
STREET ADDRESS	2 ORANGEWOOD CT	STREET ADDRESS	Orlando, Fl. 32861-7614
CITY-ST-ZIP	APOPKA FL 32703	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CORY	NAME	
STREET ADDRESS	5941 WINDHOVER DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 reports 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 employed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/00

DATE

(407) 351-3318

DAYTIME PHONE #

CR2E034 (9/99)