

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.

City & State

City & State

4. FEI Number

59-3366144

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

2576 Twisting Sweetgum Way

City

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)

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 P
NAME MILLER, MELODY
STREET ADDRESS 5941 WINDHOVER DR.
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE Pres.
NAME Miller, Melody
STREET ADDRESS 2576 Twisting Sweetgum Way
CITY-ST-ZIP Ocoee, FL. 34761 ☒ Change ☐ Addition

TITLE S
NAME BANKSON, PATTI
STREET ADDRESS 2 ORANGEWOOD CT
CITY-ST-ZIP APOPKA FL 32703 ☒ Delete

TITLE VP
NAME Miller, Cory
STREET ADDRESS P.O. Box 617614
CITY-ST-ZIP Orlando, FL. 32861-7614 ☒ Change ☐ Addition

TITLE V
NAME MILLER, CORY
STREET ADDRESS 5941 WINDHOVER DR.
CITY-ST-ZIP ORLANDO FL 32819 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)