

2001 UNIFORM BUSINESS REPORT (UBR)

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

0470256

DOCUMENT # P96000031086

1. Entity Name:

SCENIC PRODUCTIONS, INC.

05-30-2001 90026 033 ***550.00

771958

Principal Place of Business

**1220 SE VEITCH ST
 GAINESVILLE FL 32601-917
 US**

Mailing Address

**1220 SE VEITCH ST
 GAINESVILLE FL 32601-917
 US**

2. Principal Place of Business

3. Mailing Address

1611 NW 55th PLACE

1611 NW 55th PLACE

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State:

Gainesville FL

City & State

Gainesville FL

Zip

32653

Country

FLACHUA

Zip

32653

Country

FLACHUA

4. FEI Number

59-3372791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WASHER, SUSAN B
 1220 SE VEITCH STREET
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

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

1611 NW 55th PLACE

Suite C

City

Gainesville

FL

Zip Code

32653

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.

(NOT) Registered Agent's 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, 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	<input type="checkbox"/> Delete
NAME	HODOR, HOWARD	
STREET ADDRESS	2700-D N 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, JAMES	
STREET ADDRESS	2700-D N 43RD ST	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GABIANELLI VINCENT J	
STREET ADDRESS	1220 E VEITCH ST	
CITY-ST-ZIP	GAINESVILLE FL 32601-7917	
TITLE	P	<input type="checkbox"/> Delete
NAME	WASHER, SUSAN B	
STREET ADDRESS	1220 SE VEITCH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601-7919	
TITLE	V	<input type="checkbox"/> Delete
NAME	COSTANZA, PAUL	
STREET ADDRESS	1200 SE VEITCH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601-7917	
TITLE	TS	<input checked="" type="checkbox"/> Delete
NAME	ROSE, JOHN	
STREET ADDRESS	1220 SE VEITCH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32601-7917	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerer

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

352-336-2800

Daytime Phone #

CR2E034 (10/00)