

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90130 049 \*\*\*150.00

DOCUMENT # P96000052103

1. Entity Name

VIDEO GAME MASTERS II, INC.

Principal Place of Business

5575 S SEMORAN BLVD  
4  
ORLANDO FL 32822  
US

Mailing Address

5575 S SEMORAN BLD  
4  
ORLANDO FL 32822  
US

2. Principal Place of Business

Video Game Masters II, Inc.  
Suite, Apt. #, etc. 14  
4548 South Semoran Blvd.

3. Mailing Address

Same  
Suite, Apt. #, etc.

City & State

Orlando FL.

City & State

Orlando FL.

4. FEI Number

59-3401200

☒ Applied For

☐ Not Applicable

Zip

32822

Country

Orange

Zip

32822

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELTZER, LESLIE B  
5575 S SEMORAN BLVD  
4  
ORLANDO FL 32822

7. Name and Address of New Registered Agent

Name Linda Coristin  
Street Address (P.O. Box Number is Not Acceptable)  
6005 Bull Dolphin Lane.  
City Orlando FL. FL Zip Code 32822

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 Linda D. Coristin President Linda Coristin 1-19-01  
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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	MELTZER, LESLIE B	
STREET ADDRESS	5575 S SEMORAN BLD, 4	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda D. Coristin	
STREET ADDRESS	4548 South Semoran Blvd.	
CITY-ST-ZIP	Orlando FL. 32822	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gloria Wilson	
STREET ADDRESS	4548 South Semoran Blvd.	
CITY-ST-ZIP	Orlando FL. 32822	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leonard Wilson	
STREET ADDRESS	4548 South Semoran Blvd.	
CITY-ST-ZIP	Orlando FL. 32822	
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 empowered.

SIGNATURE: Linda Coristin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-222-4284  
1-19-01 407-658-7920  
Date Daytime Phone #

CR2E034 (10/00)