

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90022 045 \*\*\*150.00

**DOCUMENT # P96000052103**

1. Entity Name  
**VIDEO GAME MASTERS II, INC.**

Principal Place of Business

**4548 SOUTH SEMORAN BLVD  
 ORLANDO FL 32822  
 US**

Mailing Address

**4548 SOUTH SEMORAN BLVD  
 4  
 ORLANDO FL 32822  
 US**

2. Principal Place of Business

**4548 South Semoran Blvd**

3. Mailing Address

**4545 S. Semoran Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Orlando Florida**

City & State

**Orlando Florida**

Zip

Country

**32822**

Zip

Country

**32822**

4. FEI Number

**59-3401200**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORISTIN, LINDA  
 6005 BULL DOLPHIN LANE  
 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 La.**

City

**Orlando**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Linda Coristin**

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-3-02**

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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** ☐ Delete  
 NAME **CORISTIN, LINDA D**  
 STREET ADDRESS **4548 SOUTH SEMORAN BLVD.**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **VP** ☐ Delete  
 NAME **WILSON, LEONARD**  
 STREET ADDRESS **4548 SOUTH SEMORAN BLVD**  
 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **ST** ☐ Delete  
 NAME **WILSON, LEONARD**  
 STREET ADDRESS **4548 SOUTH SEMORAN BLVD**  
 CITY-ST-ZIP **ORLANDO FL 32822**

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  
 CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-3-02**

CR2E034 (4/02)

Attachment  
# P96000047523  
119856

Please do not fine. I  
did not receive first Notice  
Thank you very much!

Just as is to

Please send Back something  
I can take with me to the  
Bank.