

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061789

1. Entity Name

THANKS FOR THE MEMORIES VIDEO PRODUCTIONS, INC.

Principal Place of Business

4022 GREEN BLVD
NAPLES FL 34116
US

Mailing Address

4022 GREEN BLVD
NAPLES FL 34116
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0688622

Applied For

Not Applicable

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

PRICE, R. SCOTT
2640 GOLDEN GATE PARKWAY
SUITE 315
NAPLES FL 34105

Name

JOHN GEORGE

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

5090 BERKELEY DRIVE

City

NAPLES

FL

Zip Code

34112

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

John George

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

Jan 14, 2002

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, 2002 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 D
NAME GEORGE, JOHN
STREET ADDRESS 5426 WHITTEN DR
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE
NAME JOHN GEORGE
STREET ADDRESS 5090 BERKELEY DRIVE
CITY-ST-ZIP NAPLES FL. 34112

☒ Change ☐ Addition

TITLE D
NAME GEORGE, LORRAINE A
STREET ADDRESS 5426 WHITTEN DR
CITY-ST-ZIP NAPLES FL 34108

☐ Delete

TITLE
NAME LORRAINE A GEORGE
STREET ADDRESS 5090 BERKELEY DRIVE
CITY-ST-ZIP NAPLES FL. 34112

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 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:

John George
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 14, 02
Date

941-
455-3150
Daytime Phone #

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90114 046 ***150.00

124230



DO NOT WRITE IN THIS SPACE

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