

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90028 001 ***150.00

DOCUMENT # P97000021427

1. Entity Name
C & M VIDEO, INC.

Principal Place of Business

~~1845 COUNTY ROAD (CR) 351~~
NAPLES FL 34116

Mailing Address

~~1845 COUNTY ROAD (CR) 351~~
NAPLES FL 34116

**SAME PLACE - ADDRESS
 CHANGE TO: Z**

2. Principal Place of Business

12227 COLLIER BLVD.

Suite, Apt. #, etc.

NAPLES, FL

City & State

3. Mailing Address

12227 COLLIER BLVD.

Suite, Apt. #, etc.

NAPLES, FL

City & State

Zip

34116

Country

COLLIER

Zip

34116

Country

COLLIER

6. Name and Address of Current Registered Agent

**CARTA, STEVEN ESQ.
 1619 JACKSON STREET
 FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 ☐ Delete
 NAME **D LOPEZ, JON**
 STREET ADDRESS ~~1845 COUNTY ROAD 351~~
 CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 **12227 COLLIER BLVD.**
 CITY-ST-ZIP **NAPLES, FL 34116**

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON LOPEZ

3/15/01

944 455 1373

Date

Daytime Phone #

CR2E034 (10/00)

0628333