

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022753

1. Entity Name

REEL TIME FILMS, INC.

**FILED**  
May 05, 2000 8:00 am  
Secretary of State

05-05-2000 90029 021 \*\*\*150.00

Principal Place of Business

8927 HAWTHORNE AVE.  
SURFSIDE FL 33154

Mailing Address

8927 HAWTHORNE AVE.  
SURFSIDE FL 33154-3331

2. Principal Place of Business

8818 Carlyle Ave.  
Suite, Apt. #, etc.

3. Mailing Address

8818 Carlyle Ave.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Surfside FL

City & State

Surfside FL

4. FEI Number

65-0735817

Applied For

Not Applicable

Zip

Country

33154 U.S.A.

Zip

Country

33154 U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAYNE, HELENE  
8927 HAWTHORNE AVE.  
SURFSIDE FL 33154

7. Name and Address of New Registered Agent

Name

Layne, Helene

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

8818 Carlyle Ave.

City

Surfside

FL

Zip Code

33154

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	LAYNE, HELENE	
STREET ADDRESS	8927 HAWTHORNE AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAYNE, KEVIN C	
STREET ADDRESS	8927 HAWTHORNE AVE.	
CITY-ST-ZIP	SURFSIDE FL 33154	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Layne, Helene	
STREET ADDRESS	8818 Carlyle Ave.	
CITY-ST-ZIP	Surfside, FL 33154	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Layne, Kevin	
STREET ADDRESS	8818 Carlyle Ave.	
CITY-ST-ZIP	Surfside FL 33154	
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 empowered.

SIGNATURE: Helene Layne

4-210-02 30510004324