

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90443 039 ***150.00

DOCUMENT # P97000026186

1. Entity Name
SANDHILL CRANE FILM CORPORATION



Principal Place of Business
**2201 S.E. 41ST AVE.
GAINESVILLE FL 32641**

Mailing Address
**PO BOX 142602
GAINESVILLE FL 32614**

2. Principal Place of Business
33 Bay Street
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 142602
Suite, Apt. #, etc.

City & State
Cedar Key, FL
Zip Country
32625

City & State
Gainesville, FL
Zip Country
32614-2602 USA

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAINES, LESLIE M
2201 S.E. 41ST AVE.
GAINESVILLE FL 32641**

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

SIGNATURE *Leslie M. Gaines* **Leslie M. Gaines** **15 April 03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAINES, LESLIE M 2201 S.E. 41ST AVE. GAINESVILLE FL 32641 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leslie M. Gaines*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0070480 AV

CR2E034 (10/02)