

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000034045

1. Entity Name

DIGITAL CHAINSAW, INC.

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90256 001 ***300.00

Principal Place of Business

13191 STARKEY ROAD
SUITE 3
LARGO FL 33773
US

Mailing Address

13191 STARKEY ROAD
SUITE 3
LARGO FL 33773-1438
US

2. Principal Place of Business

300 FIRST AVENUE S.

Suite, Apt. #, etc.

SUITE 500

City & State

ST. PETERSBURG, FL

Zip

33701

Country

3. Mailing Address

300 FIRST AVENUE S.

Suite, Apt. #, etc.

SUITE 500

City & State

ST. PETERSBURG, FL

Zip

33701

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3440812

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

RESIDENT AGENT CORPORATION OF PINELLAS COUNTY
980 TYRONE BLVD.
ST. PETERSBURG FL 33710

Name

GARY ALLEN

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

300 FIRST AVENUE S.

SUITE 500

City

ST. PETERSBURG

FL

Zip Code

33701

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LUNTER, PAUL	
STREET ADDRESS	15373 ROOSEVELT BLVD., #2	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, GARY	
STREET ADDRESS	15373 ROOSEVELT BLVD., #2	
CITY-ST-ZIP	CLEARWATER FL 34620	
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		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNTER, PAUL	
STREET ADDRESS	300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, GARY	
STREET ADDRESS	300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES ELIOTT	
STREET ADDRESS	300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Coppersmith, Randy	
STREET ADDRESS	300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNINGTON, JUD	
STREET ADDRESS	300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, BRIAN	
STREET ADDRESS	300 FIRST AVENUE S., STE 500	
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	

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, was empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

pa7000034045

11867

Continued
#12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V/T
NAME	Charles A. Richardson
STREET ADDRESS	300 First Avenue So., Ste #500
CITY ST ZIP	St. Petersburg, FL 33701