

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90284 011 \*\*\*150.00

**DOCUMENT # P97000040494**

1. Entity Name  
**FORCE ONE STUDIO, INC.**



Principal Place of Business  
**20019 NW 34TH COURT  
CAROL CITY FL 33056  
US**

Mailing Address  
**20019 NW 34TH COURT  
CAROL CITY FL 33056  
US**

**11013040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0751443**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RATIOUS, HELDORE  
20019 NW 34TH COURT  
CAROL CITY FL 33056**

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 *Ratious Heltore* **RATIOUS HELDORE** **04/22/03**  
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELDRE, RATIOUS			NAME			
STREET ADDRESS	20019 NW 34TH COURT			STREET ADDRESS			
CITY-ST-ZIP	CAROL CITY FL 33056			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANTON, DARREN			NAME	CANTON, DARREN		
STREET ADDRESS	7125 N W 186 ST			STREET ADDRESS	20019 N.W. 34th Court		
CITY-ST-ZIP	MIAMI FL 33015			CITY-ST-ZIP	Carol City, FL 33056		
TITLE		<input type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Neddie A. Gustave		
STREET ADDRESS				STREET ADDRESS	20019 N.W. 34th Court		
CITY-ST-ZIP				CITY-ST-ZIP	Carol City, FL 33056		
TITLE		<input type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Stephanie Lloyd		
STREET ADDRESS				STREET ADDRESS	20019 NW 34th Court		
CITY-ST-ZIP				CITY-ST-ZIP	Carol City, FL 33056		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Ratious Heltore* **RATIOUS HELDORE** **04/22/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)