

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000041977

1. Entity Name

S & J ENTERTAINMENT INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90017 040 ***150.00

Principal Place of Business

413 NOYA LANE
APOPKA FL 32712

Mailing Address

413 NOYA LANE
APOPKA FL 32712-3823

2. Principal Place of Business

515 WeKiva Bluff ST

Suite, Apt. #, etc.

3. Mailing Address

515 WeKiva Bluff ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
APOPKA FL

Zip
32712

Country
USA

City & State
APOPKA FL

Zip
32712

Country
USA

4. FEI Number 59-3512134

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, MICHAEL A
413 NOYA LANE
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name MICHAEL A. Perry

Street Address (P.O. Box Number is Not Acceptable)
515 WeKiva Bluff ST

City APOPKA FL Zip Code 32712

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
NAME CO
STREET ADDRESS GARCIA, JOSE M
CITY-ST-ZIP 2164 SUNLAKE CR
LAKE MARY FL 32746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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

4/3/2000

407 538-7121

Date

Daytime Phone #

CR2E034 (9/99)