2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000043711** Feb 21, 2000 8:00 am **Secretary of State** STUDIO 315, INC. 02-21-2000 90036 044 ***150.00 Principal Place of Business Mailing Address *315 9 7TH 3T* FERNANDINA-BEACH-FL-32205-6728 ____ BEACH FL 32034 St. Johns ach son ville 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3450580 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOMASSETTI, A J Street Address (P.O. Box Number is Not Acceptable) **406 ASH STREET** FERNANDINA BEACH FL 32034 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY, 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Delete TITLE MCCONNELL, HARRY D NAME STREET ADDRESS 345 SOUTH 7TH STREET STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP Allen Sledge, Pres. 2009 St. Johns Are. ☐ Change ___ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonville, F1 32205 CITY-ST-ZIP ☐ Change Addition Delete TITLE _____ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #