

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90639 003 ***150.00

00069598

DO NOT WRITE IN THIS SPACE

DOCUMENT # **D97000056652**

1. Entity Name

JAX STAGE LIGHTING, INC.

Principal Place of Business

Mailing Address

640 N. LANE AVE

SAME

JACKSONVILLE, FL 32254

2. Principal Place of Business

4338 SAVANNAH AVE

3. Mailing Address

4338 SAVANNAH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3454005

Applied For

Not Applicable

Zip

Country

32210

USA

Zip

Country

32210

USA

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

PEPER, RICHARD C., JR
3030 HARTLEY RD, SUITE 150
JACKSONVILLE, FL 32257

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.

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, 2001 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 **PD** ☐ Delete
NAME **STILLEY, PHILLIP L.**
STREET ADDRESS **640 N. LANE AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **PD** ☒ Change ☐ Addition
NAME **STILLEY, PHILLIP L.**
STREET ADDRESS **4338 SAVANNAH AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **STD** ☐ Delete
NAME **STILLEY, BETTYE W.**
STREET ADDRESS **640 N. LANE AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32254**

TITLE **STD** ☒ Change ☐ Addition
NAME **STILLEY, BETTYE W.**
STREET ADDRESS **4338 SAVANNAH AVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: **Phillip L. Stille**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

904-772-9761

Date

Daytime Phone #

CR2E034 (11/00)