

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90010 027 ***150.00

DOCUMENT # P97000063517

1. Entity Name

AMERICAN ENTERTAINMENT PRODUCTS, INC.

Principal Place of Business

Mailing Address

**36 ARLINGTON ROAD SOUTH
 JACKSONVILLE FL 32216**

**36 ARLINGTON ROAD SOUTH
 JACKSONVILLE FL 32216-9206**

010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

41 ARLINGTON ROAD SOUTH

41 ARLINGTON ROAD SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

4. FEI Number

59-3479934

Applied For

Not Applicable

Zip

Country

Zip

Country

32216

US

32216

US

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

**CLANCE, WAYNE D
 4751 SAN JUAN AVE STE 12
 JACKSONVILLE FL 32210**

Name **CLANCE, WAYNE D**

Street Address (P.O. Box Number is Not Acceptable)
4751 SAN JUAN AVENUE

SUITE 12

City **JACKSONVILLE** **FL** Zip Code **32210**

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** Delete
 NAME **OBSHARSKEY, STEPHEN**
 STREET ADDRESS **36 ARLINGTON ROAD SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **D** Change Delete
 NAME **OBSHARSKEY, STEPHEN**
 STREET ADDRESS **41 ARLINGTON ROAD SOUTH**
 CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen D. Obsarskey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #