

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90215 041 ***150.00

DOCUMENT # P97000066758

1. Entity Name
FERTILE FILMS, INC.



Principal Place of Business
**C/O W. EDWARD MCLEOD
284 PARK AVE N. SUITE B
WINTER PARK FL 32789**

Mailing Address
**C/O W. EDWARD MCLEOD
284 PARK AVE N. SUITE B
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

9460 Delegates Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 117

City & State

City & State

Orlando FL

Zip

Country

32837

USA

4. FEI Number **59-3463384**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLEOD, W. EDWARD ESQUIRE
284 PARK AVENUE NORTH
SUITE B
WINTER PARK FL 32789**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPV
WEIS, BOB
6238 S. ATLANTIC AVE
NEW SMYRNA BEACH FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9460 Delegates Dr Suite 117
Orlando FL 32837** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
FREDEL WEIS, DIANNE
6238 S. ATLANTIC AVE
NEW SMYRNA BEACH FL 32169** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9460 Delegates Dr Suite 117
Orlando FL 32837** ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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: **Patricia N. Moore** **President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/03

Date

407-240-0779

Daytime Phone #

CR2E034 (10/02)