

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000081660

Entity Name

EDITMASTERS AND EDITMASTERS, INC.

FILED
Mar 16, 2000 8:00 a
Secretary of State

03-16-2000 90099 011 ***150.00

Legal Place of Business

Mailing Address

1622 WINDWILLOW RD
FL 32809

1622 WINDWILLOW RD
ORLANDO FL 32812-7807
US

60038740

Legal Place of Business

3. Mailing Address

City, Apt. #, etc.

Suite, Apt. #, etc.

County & State

City & State

4. FEI Number **59-3472644**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STACY, CYNTHIA
1622 WINDWILLOW RD
ORLANDO FL 32809

4948 Bathhouse Dr,
Orlando, FL 32812

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

corporation is eligible to satisfy its Intangible
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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | |
|--|---------------------------------|--|---|
| PD STACY, CYNTHIA 1622 WINDWILLOW RD ORLANDO FL 32809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4948 Bathhouse Dr 32812 | | | |
| DVP STACY, ROBERT 1622 WINDWILLOW RD ORLANDO FL 32809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4948 Bathhouse Dr 32812 | | | |
| | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 stated 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:

Cynthia S. Stacy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00
Date

407482-4190
Daytime Phone #

CR2E034 (9/99)