

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90010 043 \*\*\*150.00

**DOCUMENT # P97000088160**

1. Entity Name  
**6FOE N. TER.TAIN.MENT, INC.**

Principal Place of Business      Mailing Address  
**3605 CHESHIRE SQ. #C**      **3605 CHESHIRE SQ. #C**  
**SARASOTA FL 34234**      **SARASOTA FL 34237-3963**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3605 CHESHIRE SQ**      **3605 CHESHIRE SQ**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**#C**      **#C**

City & State      City & State  
**SARASOTA FLA.**      **SARASOTA FLA.**  
 Zip      Zip      Country      Country  
**34234**      **34234**      **SARASOTA**      **SARASOTA**

4. FEI Number      Applied For  
**65-0790933**       Not Applicable  
 5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**DANTZLER, LOVELL JR.**  
**3605 CHESHIRE SQ**  
**#C**  
**SARASOTA FL 34234**

7. Name and Address of New Registered Agent  
 Name **6FOE N. TER.TAIN.MENT, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3605 CHESHIRE SQ #C**  
 City **SARASOTA**      FL      Zip Code **34234**

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 *Lovell Dantzler Jr.*      **LOVELL DANTZLER JR.**  
Signature, typed or printed name of registered agent and this 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO</b> <b>DANTZLER, LOVELL JR</b> <b>3545 CHESHIRE SQ. #D</b> <b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DANTZLER, LOVELL JR</b> <b>3545 CHESHIRE SQ. #D</b> <b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>DANTZLER, DONNA A</b> <b>3545 CHESHIRE SQ. #D</b> <b>SARASOTA FL 34234</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Lovell Dantzler Jr.*      **LOVELL DANTZLER JR.**      Date      Daytime Phone #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (941) 362-9854

A0069830  
P97000088160  
Attach

3605 Cheshire Sq.  
Sarasota, FL. 34237  
Tel.# (941) 330-8035  
Fax.# (941) 362-9854  
Suite #C



Dear: Division of Corporations

6FOE N.TER.TAIN.MENT, Inc. is late filing our "Annual Report" because we received the report after the due date. So we are asking if you would consider waving the late fee. We would really appreciate your consideration on this matter.

Sincerely,

6 Foe Representative

President

A handwritten signature in black ink, appearing to read "Lowell D. ...". The signature is written in a cursive, flowing style.