

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000004462

1. Entity Name

GROUND F/X, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90015 050 ***150.00

Principal Place of Business

5252 STONE HARBOUR RD
ORLANDO FL 32808

Mailing Address

PO BOX 681000
ORLANDO FL 32868-1000

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

5252 Stone Harbour Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

32808

USA

4. FEI Number 59-3487580

Applied For

Not Applicable

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

WALKER, MARGARET T
3028 FOXHILL CIRCLE #104
APOPKA FL 32703

Name

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

5252 Stone Harbour Rd

City

Orlando

FL

Zip Code 32808

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	P	<input type="checkbox"/> Delete
NAME	WALKER, MARGARET T	
STREET ADDRESS	5252 STONE HARBOUR RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WALKER, MICHAEL T	
STREET ADDRESS	5252 STONE HARBOUR RD	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margaret T. Walker
MARGARET T. WALKER

Date

Daytime Phone #

4-24-2000, 407-522-6886

CR2E034 (9/99)