

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011141

1. Entity Name

SUNFOOT PRODUCTIONS, INC.

Principal Place of Business

1017 W MARJORIE ST
LAKELAND FL 33815

Mailing Address

1017 W MARJORIE ST
LAKELAND FL 33809-1117

2. Principal Place of Business

1015 S. FLORIDA AVE.

3. Mailing Address

1015 S. FLORIDA AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKELAND FL

City & State

LAKELAND FL

Zip

Country

33803

Zip

Country

33803

4. FEI Number

59-3491847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLOCK, DAVID D JR
ONE LAKE MORTON DRIVE
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

JEFF MILLER

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

1015 S. FLORIDA AVE.

City

LAKELAND

FL

Zip Code

33803

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]

JEFF MILLER

4/22/00

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

TITLE D ☒ Delete
NAME ~~RIEST, NORMAN~~
STREET ADDRESS ~~1017 W MARJORIE ST~~
CITY-ST-ZIP ~~LAKELAND FL 33815~~

TITLE D ☐ Delete
NAME RIEST, DEBORAH
STREET ADDRESS 1017 W MARJORIE ST
CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition
NAME JEFF MILLER
STREET ADDRESS 1015 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FLORIDA 33803

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature]

JEFF MILLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00

Date

(863) 683-2252

Daytime Phone #

CR2E034 (9/99)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90266 008 ***150.00

40343



DO NOT WRITE IN THIS SPACE