

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011141

1. Entity Name

SUNFOOT PRODUCTIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90197 004 ***150.00

Principal Place of Business

Mailing Address

~~1017 W MARJORIE ST~~
~~LAKELAND FL 33815~~

~~1017 W MARJORIE ST~~
~~LAKELAND FL 33815~~

656948

2. Principal Place of Business

3. Mailing Address

1015 S, FLORIDA AVE

1015 S, FLORIDA AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND, FL

City & State

LAKELAND, FL

4. FEI Number

59-3491847

Applied For

Not Applicable

Zip

33803

Country

POLK

Zip

33803

Country

POLK

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

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

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]

4/30/01

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, 2001 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 ☒ Delete
NAME D
STREET ADDRESS RIEST, NORMAN
CITY-ST-ZIP 1017 W MARJORIE ST
LAKELAND FL 33815

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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

4/30/01

(863) 683-2252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)