

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019471

1. Entity Name

NOTEWORTHY PRODUCTIONS, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90018 021 \*\*\*158.75

Principal Place of Business

9155 PINACLE CT.  
NAPLES FL 34112

Mailing Address

9155 PINACLE CT.  
NAPLES FL 34113-2601

00011000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100 FLETH AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 201

City & State

NAPLES, FL

Zip

34102

Country

USA

3. Mailing Address

1100 FIFTH AVENUE SOUTH

Suite, Apt. #, etc.

SUITE 201

City & State

NAPLES, FL

Zip

34102

Country

USA

4. FEI Number

59-3496593

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMBERSON, ERIC E  
3339 BASIN ST.  
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name BOB STAM / COURSON + STAM

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

12 SOUTH SIXTH STREET

City

FERNANDINA BEACH FL

Zip Code

32034

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]*

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	PT	<input type="checkbox"/> Delete
NAME	MARGERISON, JANET	
STREET ADDRESS	9155 PINACLE CT.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARGERISON, WALTER	
STREET ADDRESS	9155 PINACLE CT.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-00 (941) 417-9100  
JANET R. MARGERISON  
Date Daytime Phone #