

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000053616

1. Entity Name

GREATHOUSE PRODUCTIONS, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90221 016 ***150.00

Principal Place of Business

Mailing Address

~~801 SOUTH OCEAN DRIVE~~

~~801 SOUTH OCEAN DRIVE~~

~~UNIT 1004~~

~~UNIT 1004~~

FORT PIERCE FL 34946

FORT PIERCE FL 34949

2. Principal Place of Business

3. Mailing Address

415 AVE A Suite #203

415 AVE A Suite #203

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

City & State

Fort Pierce, Florida

Zip

34950

Country

USA

Zip

34950

Country

USA

4. FEI Number

65-0845858

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

AMERILAWYER

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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

4-24-2001

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 PSTD ☐ Delete
NAME GREATHOUSE, PATTI A
STREET ADDRESS ~~801 SOUTH OCEAN DRIVE~~ 415 AVE A Suite #203
CITY-ST-ZIP FORT PIERCE FL ~~34949~~ 34950

TITLE ☒ Change ☐ Addition
NAME 415 AVE A Suite #203
STREET ADDRESS Fort Pierce, Florida
CITY-ST-ZIP 34950

TITLE VD ☐ Delete
NAME GREATHOUSE, THOMAS R
STREET ADDRESS ~~801 SOUTH OCEAN DRIVE~~ 415 AVE A Suite #203
CITY-ST-ZIP FORT PIERCE FL ~~34949~~ 34950

TITLE ☒ Change ☐ Addition
NAME 415 AVE A Suite #203
STREET ADDRESS Fort Pierce, Florida
CITY-ST-ZIP 34950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2001

Date

Daytime Phone #

1-561-466-8884

CR2E034 (10/00)