

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062841

1. Entity Name

MIDNIGHT MARQUEE ENTERTAINMENT, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90317 039 ***150.00

Principal Place of Business

2825 S. MAGNOLIA AVE
SANFORD FL 32773

Mailing Address

P O BOX 4098
SANFORD FL 32772-4098

2. Principal Place of Business

1815 S. Atlantic Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAYTONA-BEACH FL

City & State

4. FEI Number 59-3572302

Applied For

Not Applicable

Zip

Country

Zip

Country

32118

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

HARICH, VICKIE*STORMY*
2825 S. MAGNOLIA AVE
SANFORD FL 32773

Name

VICKIE "STORMY" HARICH-MORSE

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

1815 S Atlantic Ave

City

DAYTONA BEACH

FL

Zip Code

32118

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

Vickie Stormy Harich - Morse

4-28-00

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	PTSD	<input type="checkbox"/> Delete
NAME	MORSE, VICKY	
STREET ADDRESS	2825 S MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	CM	<input type="checkbox"/> Delete
NAME	MORSE, VICKY	
STREET ADDRESS	2825 S MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MORSE, RANDALL D	
STREET ADDRESS	2825 S MAGNOLIA AVE	
CITY-ST-ZIP	SANFORD FL 32773	
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	PTSD HARICH-MORSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE- VICKIE "STORMY"	
STREET ADDRESS	1815 S Atlantic Ave	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	CM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARICH-MORSE VICKIE "STORMY"	
STREET ADDRESS	1815 S Atlantic Ave	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	V LANCE STINSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	463 BOXWOOD COURT	
STREET ADDRESS	KISSIMMEE FL 34743	
CITY-ST-ZIP		
TITLE	V LISA INMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	817 BEACHLAND BLVD	
STREET ADDRESS	VERO BEACH FL 32963	
CITY-ST-ZIP		
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		
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:

Vickie Stormy Harich - Morse

4-28-00

407 941 1294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)