

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90502 035 ***150.00

DOCUMENT # **P980000 93833**

1. Entity Name

AFG Productions, Inc.

Principal Place of Business

**201 South "A" St.
Pensacola, FL. 32501-5554**

Mailing Address

**201 South "A" St.
Pensacola, FL. 32501-5554**

2. Principal Place of Business

201 South "A" St.

3. Mailing Address

201 South "A" St.

Suite, Apt. #, etc.

n/a

Suite, Apt. #, etc.

n/a

City & State

Pensacola, FL.

City & State

Pensacola, FL.

4. FEI Number

59-3549772

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**Raymond B. Palmer
913 Gulf Breeze Parkway, Suite 41
Gulf Breeze, FL. 32561**

7. Name and Address of New Registered Agent

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

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

TITLE **D** ☐ Delete
NAME **James N. Fail**
STREET ADDRESS **308 Maldonaldo Dr.**
CITY-ST-ZIP **Pensacola Beach, FL. 32561**

TITLE **DPST** ☐ Delete
NAME **Barbara Fail**
STREET ADDRESS **308 Maldonaldo Dr.**
CITY-ST-ZIP **Pensacola Beach, FL. 32561**

TITLE **DV** ☐ Delete
NAME **Pete Rosales**
STREET ADDRESS **15 North "J" St.**
CITY-ST-ZIP **Pensacola, FL. 32501**

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 ☐ 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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CITY-ST-ZIP

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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:

Pete Rosales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01 (850) 434-6512

DATE AND TELEPHONE NUMBER

CR2E034 (11/00)