

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102320

1. Entity Name

PRIME TIME CREATIONS, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90105 042 ***150.00

Principal Place of Business Mailing Address
 1700 MCMULLEN BOOTH ROAD, STE. D-4 1700 MCMULLEN BOOTH ROAD, STE. D-4
 CLEARWATER FL 33759 CLEARWATER FL 33759-2129

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0904975** 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

LOVELACE, WILLIAM K
 2310 WEST BAY DRIVE
 LARGO FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME SYMANSKI, ROBERT P
 STREET ADDRESS 1700 MCMULLEN BOOTH ROAD, STE. D-4
 CITY-ST-ZIP CLEARWATER FL 33759

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

TITLE D ☐ Delete
 NAME MCKNIGHT, JOHN J JR.
 STREET ADDRESS 1700 MCMULLEN BOOTH ROAD, STE. D-4
 CITY-ST-ZIP CLEARWATER FL 33759

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

TITLE ☐ Delete
 NAME ~~Jackson, Michael~~
 STREET ADDRESS ~~1700 McMullen Booth Road, STE D-4~~
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME Jackson, Michael
 STREET ADDRESS 1700 McMullen Booth Road STE D-4
 CITY-ST-ZIP Clearwater, FL 33759

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 another like empowered.

SIGNATURE: John McKnight Jr. 3/21/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #