

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107306

1. Entity Name

PRIZED PRODUCTIONS, INC.

FILED

00 SEP 25 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2301 BRUNER LANE UNIT B-5
FORT MYERS FL 33912

POST OFFICE BOX 62032
FORT MYERS FL 33906-2032

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

65-089-7333

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

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS FL 33919

Name

CHARLES HAMBLING

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

15895 BRIARCLIFF LN

City

FT. MYERS

FL

Zip Code

33912

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

Charles N Hambling Jr
Signature, typed or printed name of registered agent and title (if applicable)

CHARLES N HAMBLING JR 9/20/00
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~SECRETARY~~ ☐ Delete
NAME HAMBLING, CHARLES N JR.
STREET ADDRESS 2301 BRUNER LANE UNIT B-5
CITY-ST-ZIP FORT MYERS FL 33912

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

TITLE D ☐ Delete
NAME HAMBLING, ELAINE G
STREET ADDRESS 2301 BRUNER LANE UNIT B-5
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Change ☐ Addition
NAME 100003417351--7
STREET ADDRESS -10/06/00--01103--016
CITY-ST-ZIP ****550.00 ****550.00

TITLE *BARBARA PL* ☐ Delete
NAME *BARBARA PL*
STREET ADDRESS *710 SW SANTA BARBARA PL*
CITY-ST-ZIP *CAPE CORAL, FL 33991*

TITLE V.P. ☐ Change ☒ Addition
NAME HAMBLING, BETTY
STREET ADDRESS 710 SW SANTA BARBARA PL
CITY-ST-ZIP CAPE CORAL, FL 33991

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

Date

Daytime Phone #

9/20/00 741-415-9241

SP

CR2E034 (9/99)