

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000107792

1. Entity Name

Peanut Gallery Productions, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

1420 NE 32 PLACE

1420 NE 32 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

City & State

POMPANO BEACH FL

Zip

33064

Country

Zip

33064

Country

4. FEI Number

65-0885531

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

SCOT D. LUFT

1420 NE 32 PLACE

POMPANO BEACH, FL 33064

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, 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	PRESIDENT	<input type="checkbox"/> Delete
NAME	SCOT LUFT	
STREET ADDRESS	1420 NE 32 PLACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	MARILYN LUFT	
STREET ADDRESS	1420 NE 32 PLACE	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOT LUFT

4/30/00

Date

954-781-0734

Daytime Phone #

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90095 015 ***150.00

00090132

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)