

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004666

1. Entity Name

STUDIO 77, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90190 035 ***158.75

Principal Place of Business

1120 OHIO AVE
LYNN HAVEN FL 32444

Mailing Address

1120 OHIO AVE
LYNN HAVEN FL 32444-2555

2. Principal Place of Business

Studio 77
Suite, Apt. #, etc.

3. Mailing Address

1120 Ohio Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lynn Haven, FL

Zip

32444

Country

Bay

City & State

Lynn Haven, FL

Zip

32444

Country

Bay

4. FEI Number

59-3548521

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

PEEL, DEBRA
1120 OHIO AVE
LYNN HAVEN FL 32444

Name Margo Coram Eudaley

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

1120 Ohio Ave

City

Lynn Haven,

FL

Zip Code 32444

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 Margo Coram Eudaley Margo Coram Eudaley 2/7/00

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/V/T/S/D/	<input checked="" type="checkbox"/> Delete
NAME	Debra Peel	
STREET ADDRESS	1120 Ohio Ave	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/V/T/S/D/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margo Coram Eudaley	
STREET ADDRESS	1120 Ohio Ave	
CITY-ST-ZIP	Lynn Haven, FL 32444	
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		
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: Margo Coram Eudaley Margo Coram Eudaley 2/7/00

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034 (9/99)