

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007990

1. Entity Name
STARZ STUDIO'S, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90077 038 ***150.00

Principal Place of Business
164 SAUSALITO BLVD.
CASSELBERRY FL 32707

Mailing Address
164 SAUSALITO BLVD.
CASSELBERRY FL 32707

2. Principal Place of Business
164 Sausalito Blvd.
Suite, Apt. #, etc.

3. Mailing Address
164 Sausalito Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Casselberry FL
Zip
32707
Country
USA

4. FEI Number 59-3560783
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COLON, MICHELLE
7702 TOUCAN DR.
ORLANDO FL 32822

7. Name and Address of New Registered Agent
Name
Michelle Colon - Martin
Street Address (P.O. Box Number is Not Acceptable)
4244 Andover Cay Blvd.
Orlando
City
FL Zip Code
32825

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 Michelle Colon-Martin DATE 1/4/01
(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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD COLON, MICHELLE 7702 TOUCAN DR. ORLANDO FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REESE-BENNETT, KERI 1000 ABERNATHY LANE, #304 APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Michelle Colon-Martin 4244 Andover Cay Blvd. Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Keri Reese-Bennett 224 Royal Oaks Circle Longwood, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Keri Reese-Bennett DATE 1/4/01 407-332-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

0043068

CR2E034 (10/00)