2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008313

1. Entity Name

SH-BOOM CHARACTER AND SCULPTURE STUDIO INC.

Principal Place of Business	Mailing Address
4822 S. ORANGE AVE. EDGEWOOD FL 32806	4822 S. ORANGE AVE. EDGEWOOD FL 32806-6931

LUU28UU4

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4822 S. ORANGE AVENUE
Suite, Apt. #, etc. #13

City & State EDGEWOOD, FL
Zip 32806   Country UNITED STATES

3. Mailing Address
9840 11TH AVENUE
Suite, Apt. #, etc.

City & State ORLANDO, FL
Zip 32824   Country UNITED STATES

4. FEI Number 59-3555458   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VITALE, JOE R
518 S EOLA DR.
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name PIERRE R. ROUZIER
Street Address (P.O. Box Number is Not Acceptable)
9840 11TH AVENUE
City ORLANDO   FL   Zip Code 32824

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 NAME PIERRE R. ROUZIER STREET ADDRESS 9840 11TH AVENUE CITY-ST-ZIP ORLANDO, FL 32824	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VICE PRESIDENT NAME JOE J. VITALE STREET ADDRESS 1770 LYNDALE BLVD. CITY-ST-ZIP MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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

(407) 851-3080
Daytime Phone #