

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION  
FOR  
2000 UBR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032350

1. Corporation Name

PERFORMING ARTS PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

2569 FORBES STREET  
JACKSONVILLE FL 32204

2569 FORBES STREET  
JACKSONVILLE FL 32204

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/05/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-357-3217

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	MEDERS, ISIAH R	2569 FORBES STREET	JACKSONVILLE FL 32204
SDV	PECK, LESLIE K	<del>2857 SUTTON ESTATES CIR. S.</del>	<del>JACKSONVILLE FL 32223</del>
	address correction	2569 Forbes St.	Jax, FL 32204
			100003509821--8 -12/21/00--01021--022 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEDERS, ISIAH R  
2569 FORBES STREET  
JACKSONVILLE FL 32204

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/18/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/18/00

Daytime Phone #

904-721-3399

g2  
To: Florida Department of State  
Katherine Harris  
Secretary of State

From: Performing Arts Productions  
2569 Forbes St.  
Jacksonville, FL 32204  
(904)465-2705

To Whom It May Concern:

We received a notice in the mail stating it was a third attempt of our business renewal. This is the first attempt we have received! We talked to our CPA to see if he knew anything about this and he told us we should let you know that this is our first year renewing our business. Somehow we did not receive the notices that were sent. We were told there would be a fee of \$150.00 to straighten out this situation. Please call us as soon as possible so we can get our business license valid. As soon as you call us to confirm the payment of \$150.00 we can give you a check in the mail or a visa payment over the phone, which ever would be better for you. Thank you!

Sincerely,  
Isaiah Meders, President  
Leslie Peck, Vice-President

Please call us at (904)465-2705