

2000 UNIFORM BUSINESS REPORT (UBR)

1082

DOCUMENT # P99000032891

1. Entity Name

REACT FILM/MERCENARY PICTURES, INC.

FILED

00 AUG 28 AM 9:26

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

535 MONICA ROSE DRIVE, #725
APOPKA FL 32703

Mailing Address

535 MONICA ROSE DRIVE, #725
APOPKA FL 32703

2. Principal Place of Business

535 Monica Rose DR
Suite, Apt. #, etc.
725

3. Mailing Address

535 Monica Rose DR
Suite, Apt. #, etc.
725

City & State
APOPKA

City & State
FL

Zip
32703

Country
ORANGE

Zip
32703

Country
ORANGE

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, KAILYN K
408 BAY AVENUE
SANFORD FL 32771

7. Name and Address of New Registered Agent

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS FEQUIERE, PAULEMILE
CITY-ST-ZIP 535 MONICA ROSE DRIVE, #725
APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

July

Date

5 2000

Daytime Phone #

CR2E034 (5/00)

KE

2012

August 21, 2000

535 MONICA ROSE DR #725
APOPKA FL 423703

Dear Sir or Madam: Of the Division of Corporations Dear Sir or Madam:

I am writing you this letter to inform you about our situation. Unfortunately, we did not receive our first notice for the company report for React Film/ Mercenary Pictures Inc.

Recently we received the second form. We made your office aware of the matter, and your office informed us to submit the fee for \$150 dollars and we are requesting a waiver of the penalty fee. Contact me at any time if you need to reach me.

Sincerely,

Paulemile Fequiere
Director