

2001
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **99000032894**
1. Entity Name **FLORIDA SCENIC STUDIO INC**

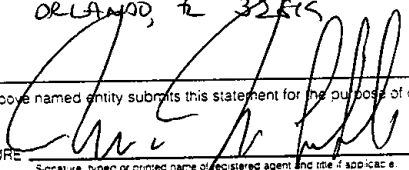
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 18 AM 11:12

Principal Place of Business Mailing Address
5401 S KIRKMAN RD STE 505 ORLANDO, FL 32819 **5401 S KIRKMAN RD STE 505 ORLANDO, FL 32819**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3576269		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAM MCCORCKLE 5401 S KIRKMAN RD STE 505 ORLANDO, FL 32819		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  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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P WILLIAM MCCORCKLE 5401 S KIRKMAN RD STE 505 ORLANDO, FL 32819	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

0000004609810-9
-09/25/01--01020--032
*****150.00 ***150.00**

SP

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 information covered.

pg 2 of 2

August 12, 2001

Division of Corporations
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302

Re: Florida Scenic Studio Inc (EIN 59-3576289)

To Whom It May Concern:

I am writing this letter in reference to the above-noted corporation. I was just notified by my Accountant recently that we have to file a Uniform Business Report every year and pay \$150.00. However, at this time, I am not sure if this has been done for this year.

I have not received such a form to complete and I rely solely on my Accountant to notify me of any tax notices which are due. Therefore, at this time, I am completing a new form and attaching a check for \$150.00.

We have taken measures to ensure that this will not happen again. Since we have never had any problems in the past and we feel this was an isolated incident, we hope that you will not charge any penalties for this oversight. We appreciate your kind consideration in this matter and please do not hesitate to contact us if you have any questions or need further help.

Sincerely,

Willaim McCorckle