

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90028 001 \*\*\*150.00

**DOCUMENT # P99000035204**

Entity Name

**UNDERGROUND VIDEO, INC.**

**838600**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**CONVENT GARDENS ROAD**  
**FL 34613-3928**

Mailing Address  
**13345 CONVENT GARDENS ROAD**  
**BROOKSVILLE FL 34613-3829**

Principal Place of Business  
**13345 Convent Garden Rd**  
 Suite/Apt. #, etc.

3. Mailing Address  
**13345 Convent Garden Rd**  
 Suite/Apt. #, etc.

City & State  
**Brooksville, Florida**

City & State  
**Brooksville, Florida**

Zip  
**34613-3829**

Country  
**Hernando**

Zip  
**34613-3829**

Country  
**Hernando**

4. FEI Number  
**59-3572269**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**CHILTON, BERNARD A**  
**13345 CONVENT GARDENS ROAD**  
**BROOKSVILLE FL 34613-3928**

7. Name and Address of New Registered Agent  
 Name  
**James D. Bramlett**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13345 Convent Garden Rd**  
 City  
**Brooksville** **FL** Zip Code  
**34613-3829**

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 President James D. Bramlett James D. Bramlett 4/19/2000  
 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		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DPT</b>		NAME		
STREET ADDRESS	<b>BRAMLETT, JIM</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>13345 CONVENT GARDENS ROAD</b>		CITY-ST-ZIP		
	<b>BROOKSVILLE FL 34613-3928</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DVS</b>		NAME		
STREET ADDRESS	<b>CHILTON, GARY B</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>5531 WEST RIVER BEND ROAD</b>		CITY-ST-ZIP		
	<b>DUNNELLON FL 34433</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>D</b>		NAME		
STREET ADDRESS	<b>CHILTON, JEANELLE J</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>2032 CULBERTSON</b>		CITY-ST-ZIP		
	<b>DUNEDIN FL 34698</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>D</b>		NAME		
STREET ADDRESS	<b>CHILTON, BERNARD A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>2032 CULBERTSON</b>		CITY-ST-ZIP		
	<b>DUNEDIN FL 34698</b>				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: James D. Bramlett James D. Bramlett 4/19/2000 352-597-6946  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)