

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90019 001 ***150.00

DOCUMENT # P99000046704

1. Entity Name

DO-IT-ALL ENTERTAINMENT OF ORLANDO, INC.

Principal Place of Business

Mailing Address

MALLARD CIRCLE
FL 34743

2122 MALLARD CIRCLE
KISSIMMEE FL 34743

2. Principal Place of Business

2122 Mallard Creek Circle

Suite, Apt. #, etc.

3. Mailing Address

2122 Mallard Creek Circle

Suite, Apt. #, etc.

City & State

Kissimmee FL

City & State

Kissimmee FL

4. FEI Number

59-3587458

Applied For

Not Applicable

Zip

34743

Country

USA

Zip

34743

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Matthew B Freeman

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

2122 Mallard Creek Circle

City

Kissimmee

FL

Zip Code

34743

FREEMAN, MATHEW B
2122 MALLARD CIRCLE
KISSIMMEE FL 34743

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 PD
NAME FREEMAN, MATHEW B
STREET ADDRESS 2122 MALLARD CIRCLE
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

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

TITLE SD
NAME FREEMAN, LISA
STREET ADDRESS 4415 NW 52 STREET
CITY-ST-ZIP COCONUT CREEK FL 33073 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Matthew B. Freeman Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

407-344-0676

Daytime Phone #

CR2E034 (9/99)