

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062679

1. Entity Name  
VOODOO, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90028 018 \*\*\*158.75

Principal Place of Business  
PORTER.WRIGHT. MORRIS & ARTHUR. LLP  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108

Mailing Address  
PORTER.WRIGHT. MORRIS & ARTHUR. LLP  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108-2709



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2614 TAMiami TRAIL NORTH  
Suite, Apt. #, etc.  
SUITE # 400

3. Mailing Address  
P.O. Box 11956  
Suite, Apt. #, etc.  
NAPLES

City & State  
NAPLES, FLORIDA

City & State  
NAPLES, FLORIDA

Zip  
34103

Country  
USA

Zip  
34101

Country  
USA

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WILSON, GARY K  
PORTER, WRIGHT, MORRIS & ARTHUR, LLP  
5801 PELICAN BAY BLVD., SUITE 300  
NAPLES FL 34108

7. Name and Address of New Registered Agent  
Name  
KATHIE GILLESPIE  
Street Address (P.O. Box Number is Not Acceptable)  
2614 TAMiami TRAIL NORTH  
SUITE # 400  
City  
NAPLES FL Zip Code  
34103

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 *Kathie Gillespie* Director KATHIE GILLESPIE 5/1/00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Kathie Gillespie* Director KATHIE GILLESPIE 5/1/00 (941) 269-6999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)