

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063064

1. Entity Name

ED FILMWORKS, INC.

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90003 021 ***150.00

Principal Place of Business Mailing Address
28870 HWY. 19 N. 28870 HWY. 19 N.
CLEARWATER FL 33761 CLEARWATER FL 33761

2. Principal Place of Business 3. Mailing Address
2431 Estancia Blvd. 2431 Estancia Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Building B Building B
City & State City & State
Clearwater, FL Clearwater, FL
Zip Country Zip Country
33761 USA 33761 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3594576 Applied For Not Applicable
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
DOLAN, MARK R Don Waitt
112 EAST ST., STE. B Street Address (P.O. Box Number is Not Acceptable)
TAMPA FL 33602 2431 Estancia Blvd., Bldg B
City Clearwater FL Zip Code 33761

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 *Don Waitt* Don Waitt, President 2-2-00
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. ☐ 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	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITT, DON	NAME	
STREET ADDRESS	28870 HWY. 19 N.	STREET ADDRESS	2431 Estancia Blvd., Bldg B
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE	ST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEPPER, JACK	NAME	
STREET ADDRESS	28870 HWY. 19 N.	STREET ADDRESS	2431 Estancia Blvd., Bldg B
CITY-ST-ZIP	CLEARWATER FL 33761	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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: *Don Waitt* Don Waitt 2-2-00 727-726-3592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)