

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90449 035 ***150.00

0428178

DOCUMENT # P99000064893

1. Entity Name
STUDIO 420, INC.

Principal Place of Business
**420 E TARPON AVE
 TARPON SPRINGS FL 34689**

Mailing Address
**420 E TARPON AVE
 TARPON SPRINGS FL 34689**

00031916



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
same as above

3. Mailing Address
same as above

4. FEI Number **59-3588393** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**GULLO, MATTHEW C
 420 E TARPON AVE
 TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

Name *n/a*

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 *n/a* Matthew C. Gullo 4/2/01

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, 2001 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

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
PSTD NAME GULLO, MATTHEW C STREET ADDRESS 420 E TARPON AVE CITY-ST-ZIP TARPON SPRINGS FL 34689	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
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	<input type="checkbox"/>		
	<input type="checkbox"/>		

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 C. Gullo 4/2/01 (727) 944-3835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)