

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # **PC910000610895**

1. Entity Name

ENTERTAINMENT VISIONS, INC

FILED

00 DEC -7 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

**807 WARREN AVE
COCOA FL 32922**

**P.O. Box 703
CAPE CANAVERAL
FL 32920**

2. Principal Place of Business

3. Mailing Address

**807 WARREN AVE
Suite, Apt. #, etc.
COCOA FL**

**P.O. Box 703
City & State
CAPE CANAVERAL FL**

5/19/00 90023/020 \$150.00
DO NOT WRITE IN THIS SPACE

Zip
32922

Country

Zip
32920

Country

4. FEI Number

Applied For

59-3593016

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

**JOAN CROMER
414 MONROE AVE J-101
CAPE CANAVERAL FL 32920**

Name

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

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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT & DIRECTOR** ☐ Delete
NAME **CAROLE A. FERRILL**
STREET ADDRESS **807 WARREN AVE**
CITY-ST-ZIP **COCOA FL 32922**

TITLE **V. PRESIDENT & DIRECTOR** ☐ Delete
NAME **JOAN CROMER**
STREET ADDRESS **414 MONROE AVE J-101**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **SEC. & DIRECTOR** ☐ Delete
NAME **JOAN CROMER**
STREET ADDRESS **SAME AS ABOVE**
CITY-ST-ZIP

TITLE **TREAS. & DIRECTOR** ☐ Delete
NAME **CAROLE A. FERRILL**
STREET ADDRESS **SAME AS ABOVE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: **CAROLE A. FERRILL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/00

(321) 638-0400

Daytime Phone #

CR2E034 (9/99)

KE

2052

Entertainment Visions Inc.

P.O. Box 703
Cape Canaveral, FL 32920

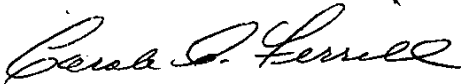
December 5, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To whom it may concern:

I received this letter from your office dated 11/16/2000 that you had not received our correspondence in May as to the status of our corporation. Our paperwork was filed on time and the check was cashed. I am returning the copy sent to us and hope this will take care of the situation. I spoke to your representative and she told me it was because you had not received the correspondence back within the 30 days. This was sent back and now I am sending it again. Please take care of this matter right away.

Sincerely,



Carole A. Ferrill,
President