

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90859 044 ***150.00

DOCUMENT # **P99000075662**

1. Entity Name

DADE CITY ENTERTAINMENT INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15824 US 301d.

Suite, Apt. #, etc.

3. Mailing Address

2047 46TH AVE N.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DADE CITY, FL.

City & State

ST. PETERSBURG, FL.

4. FEI Number

Applied For

Not Applicable

Zip

Country

33523

PASCO

Zip

Country

33709

PIRELLAS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John D. PARKER

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

2047 46TH AVE N.

City

ST. PETERSBURG

FL

Zip Code

33709

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John D. Parker 4-8-02 727-432-1733

CR2E034B (12/01)