

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90022 046 ***150.00

DOCUMENT # P99000082922

Entity Name

KEITH CURTIS PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**LITTLE WEKIVA DRIVE
 ALTAMONTE SPRINGS FL 32903**

**812 LITTLE WEKIVA DRIVE
 ALTAMONTE SPRINGS FL 32714-7149**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DIXON, SCOTT C P.A.
 550 EAST STRAWBRIDGE AVENUE
 MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

Name

Bradt, Keith

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

812 Little Wekiva Drive

City

Altamonte Springs

FL

Zip Code
32714

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradt, Keith	
STREET ADDRESS	812 Little Wekiva Drive	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradt, Judy	
STREET ADDRESS	812 Little Wekiva Drive	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradt, Tarah	
STREET ADDRESS	812 Little Wekiva Drive	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradt, Joshua	
STREET ADDRESS	812 Little Wekiva Drive	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradt, Shannon	
STREET ADDRESS	812 Little Wekiva Drive	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bradt, Cherish	
STREET ADDRESS	812 Little Wekiva Drive	
CITY-ST-ZIP	Altamonte Springs, FL 32714	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)