

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087514

1. Entity Name

ID PRODUCTIONS, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90126 043 ***150.00

Principal Place of Business

1162 HICKORY COVE
JACKSONVILLE FL 32221

Mailing Address

1162 HICKORY COVE
JACKSONVILLE FL 32221-6109

2. Principal Place of Business

1580 Misty Lake Dr

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Zip

32073

Country

USA

Country

4. FFL Number

59-3602719

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

TUCKER, AARON
3862 HERSCHEL STREET
JACKSONVILLE FL 32205

Name

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

1580 Misty Lake Dr

City

Orange Park

FL

Zip Code

32073

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

Aaron E. Tucker
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Pres
Aaron Tucker
3862 Herschel St
Jacksonville, FL 32205*

☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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:

Aaron E. Tucker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)