

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089734

1. Entity Name

BIG SHOT UNIVERSAL COMMUNICATIONS, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90164 009 ***150.00

Principal Place of Business

Mailing Address

~~100 ANCHOR DRIVE #PMB 491~~
~~KEY LARGO FL 33037~~

~~100 ANCHOR DRIVE #PMB 491~~
~~KEY LARGO FL 33037-5277~~

2. Principal Place of Business

3. Mailing Address

24 Dockside Lane #491
Suite, Apt. #, etc.

24 DOCKSIDE LANE #491
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Key Largo, FL.

City & State
KEY LARGO, FL.

4. FEI Number *65-0535958*

Applied For
☒ No Applicable

Zip *33037* Country *Monroe*

Zip *33037* Country *MONROE*

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

PERSAUD, SAMUEL A
1450 MADRUGA AVE STE 300
CORAL GABLES FL 33146

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 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	PD SHOTMEYER, ELIZABETH J 100 ANCHOR DRIVE #PMB 491 KEY LARGO FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>24 DOCKSIDE LANE #491</i> <i>KEY LARGO, FL. 33037</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZUKOWSKI, STEPHEN E 100 ANCHOR DRIVE #PMB 491 KEY LARGO FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>24 Dockside Lane #491</i> <i>Key Largo, FL. 33037</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KUPPER, ARLENE J 100 ANCHOR DRIVE #PMB 491 KEY LARGO FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>24 Dockside Lane #491</i> <i>Key Largo, FL. 33037</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arlene J. Kupper ARLENE J. KUPPER 4-12-00 305-367-8044

CR2E034 (9/99)