

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090048

1. Entity Name

PINK FROG PRODUCTIONS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90002 004 ***150.00

Principal Place of Business

Mailing Address

9418 VALLE DRIVE
TAMPA FL 33612

9418 VALLE DRIVE
TAMPA FL 33612-7638



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9418 Valle Drive

3. Mailing Address

9418 Valle Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3602834

☒ Applied For

☐ Not Applicable

Zip

Country

33612

Hillborough

Zip

Country

33612

Hillborough

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

William J. FIGUEREDO

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

9418 Valle Drive

City

Tampa

FL

Zip Code

33612

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

William J. Figueroa

Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/00

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 | PD | <input type="checkbox"/> Delete |
| NAME | FIGUEREDO, WILLIAM J | |
| STREET ADDRESS | 9418 VALLE DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FIGUEREDO, LISA M | |
| STREET ADDRESS | 9418 VALLE DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LAYTON, MICHELLE D | |
| STREET ADDRESS | 9418 VALLE DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33612 | |
| 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 | PD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIGUEREDO, WILLIAM J | |
| STREET ADDRESS | 9418 VALLE DRIVE | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | SD & VP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | FIGUEREDO, LISA M. | |
| STREET ADDRESS | 9418 VALLE DRIVE | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAYTON, MICHELLE D | |
| STREET ADDRESS | 9418 VALLE DRIVE | |
| CITY-ST-ZIP | TAMPA, FL 33612 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| 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. *William J. Figueroa* **FIGUEREDO** *4/26/00* *813-931-2202*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)