

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90035 012 ***150.00

DOCUMENT # P99000103604

1. Entity Name
LAWABIDING PRODUCTIONS, INC.

Principal Place of Business
**6128 ORTEGA FARMS BLVD.
 JACKSONVILLE FL 32244**

Mailing Address
**6128 ORTEGA FARMS BLVD.
 JACKSONVILLE FL 32244**

2. Principal Place of Business

650 English Meadows Ct.
 Suite, Apt. # etc.

3. Mailing Address

650 English Meadows Ct.
 Suite, Apt. # etc.



DO NOT WRITE IN THIS SPACE

City & State
Orange Park FL.

Zip Country
32073 Clay

City & State
Orange Park FL.

Zip Country
32073 Clay

4. FEI Number **59-3611091**

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

**THOMAS, TAFT DEMARCO
 6128 ORTEGA FARMS BLVD.
 JACKSONVILLE FL 32244**

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, 2001 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 **D** ☐ Delete
 NAME **THOMAS, TAFT DEMARCO**
 STREET ADDRESS **6128 ORTEGA FARMS BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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: **Taft D. Thomas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-10-01

Date

(904) 772-1568

Daytime Phone #

CR2E034 (10/00)