

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 20, 2000 8:00 am
Secretary of State

05-20-2000 90008 025 ***150.00

DOCUMENT # P99000104221

1. Entity Name

VIDEO OF FL, INC.

Principal Place of Business

**1460 ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**1460 ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

160 N. HIGHWAY 17-92

Suite, Apt. #, etc.

3. Mailing Address

160 N. HIGHWAY 17-92

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LONGWOOD FL

Zip
32750

Country
USA

City & State

LONGWOOD FL

Zip
32750

Country
USA

4. FEI Number

99-3622363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROWN, DON L
200 NORTH THORNTON AVENUE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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 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	D	<input checked="" type="checkbox"/> Delete
NAME	NGUYEN, THONG N	
STREET ADDRESS	1760 W. MCCULLOCH ROAD	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input type="checkbox"/> Delete
NAME	NGUYEN, NGOC ANH	
STREET ADDRESS	1460 ALTAMONTE DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, NGOC ANH	
STREET ADDRESS	160 N. HIGHWAY 17-92	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

NGOC ANH NGUYEN

Date

4/28/00

Daytime Phone #

407 332 7774

CR2E034 (9/99)