

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110178

1. Entity Name

EXECUTIVE VIDEO, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90015 028 ***150.00

Principal Place of Business	Mailing Address
5552 RANEY AVENUE ORANGE PARK FL 32065	5552 RANEY AVENUE ORANGE PARK FL 32065

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. EFL Number 59-3620130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 _____ (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	PD
NAME	ARMSTRONG, GARY L
STREET ADDRESS	5552 RANEY AVENUE
CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	VD
NAME	ARMSTRONG, MARY J
STREET ADDRESS	5552 RANEY AVENUE
CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	S
NAME	RULIVA, JENNIFER K
STREET ADDRESS	5552 RANEY AVENUE
CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	T
NAME	MAYO, JULIE K
STREET ADDRESS	5552 RANEY AVENUE
CITY-ST-ZIP	ORANGE PARK FL 32065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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	<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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY L. ARMSTRONG 3-1-00 (904) 278-0049