

2001 UNIFORM BUSINESS REPORT (UBR)

0626357

DOCUMENT # S16963

1. Entity Name

WIZARD STUDIOS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -8 PM 2:20

Principal Place of Business

Mailing Address

14483 62ND STREET NORTH
UNIT B
CLEARWATER FL 33760
US

14483 62ND STREET, NORTH
CLEARWATER FL 33760
US

2. Principal Place of Business

10901 Roosevelt Blvd.

3. Mailing Address

10901 Roosevelt Blvd.

Suite, Apt. #, etc.

Suite 200A

Suite, Apt. #, etc.

Suite 200A

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip
33716

Country
USA

Zip
33716

Country
USA

4. FEI Number 59-3042126

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

BRUMFIELD, CHARLES RUSSEL
14483 62ND STREET, NORTH
CLEARWATER FL 34622

Name

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

10901 Roosevelt Blvd.

Suite 200A

City

St. Petersburg

FL

Zip Code

33716

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 C. Russell Brumfield, President

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BRUMFIELD, C. RUSSELL
STREET ADDRESS 14483 62ND STREET NORTH #B
CITY-ST-ZIP CLEARWATER FL 34620

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10901 Roosevelt Blvd., Suite 200A
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: C. Russell Brumfield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727)577-9895

CP2E034 (10/00)