

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90028 001 ***150.00

DOCUMENT # S18964

1. Entity Name

MERMAID PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 350625

P. O. BOX 350625

FT. LAUDERDALE FL 33335

FT. LAUDERDALE FL 33335-0625

US -

US

2. Principal Place of Business

3. Mailing Address

920 S.W. 18 Street

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

33315

Broward

4. FEI Number

65-0235360

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

BOONE, STEVE

920 SW 18TH ST. 1745 W. Las Olas Blvd.
FT. LAUDERDALE FL 33315 33312

Name

Susan Boone Peterson

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

920 S.W. 18th Street

City

Fort Lauderdale

FL

Zip Code

33315

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

Susan B. Peterson (Susan B. Peterson) 4-18-2000

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, 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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Reg. Agent
PETERSON, SUSAN B.
920 SW 18TH ST
FT LAUDERDALE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
D Sec./Treasurer
BOONE, STEVE
920 SW 18TH ST 1745 W. Las Olas Blvd
FT. LAUDERDALE FL 33312

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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:

Susan B. Peterson

4-18-2000 954-522-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)