

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S59346

1. Entity Name

STUDIO M. CONCEPTS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90169 017 ***150.00

Principal Place of Business

21913 US 19 NORTH
 CLEARWATER FL 33765
 US

Mailing Address

21913 U.S. HIGHWAY 19 NORTH
 CLEARWATER FL 33765-2342

2. Principal Place of Business

2404 Lighthouse Dr.

Suite, Apt. #, etc.

City & State

Palm Harbor FL.

Zip
 34685

Country

USA

3. Mailing Address

2404 Lighthouse Dr.

Suite, Apt. #, etc.

City & State

Palm Harbor FL.

Zip

34685

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3086509

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

MORETTI, WILLIAM L
 4187 RIDGEMOOR DR N
 PALM HARBOR FL 34685

SAME →

Name

MORETTI, WILLIAM L.

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

NEW {

2404 LIGHTHOUSE DRIVE

City

PALM HARBOR

FL

Zip Code

34685

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 then 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 P ☒ Delete
 NAME MORETTI, WILLIAM L
 STREET ADDRESS 4187 RIDGEMOOR DR N
 CITY-ST-ZIP PALM HARBOR FL

TITLE P. ☒ Change ☐ Addition
 NAME MORETTI, WILLIAM L
 STREET ADDRESS 2404 LIGHTHOUSE DRIVE
 CITY-ST-ZIP PALM HARBOR FL 34685

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/00

Date

(727)

786-1609

Daytime Phone #

CR2E034 (9/99)