

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90097 001 \*\*\*150.00

FILED  
APR 10 2003  
AV

**DOCUMENT # S79196**

1. Entity Name  
**SUN GEM FILM PRODUCTIONS, INC.**



Principal Place of Business

**3706 N. OCEAN BLVD  
#106  
FORT LAUDERDALE FL 33308**

Mailing Address

**3706 N. OCEAN BLVD  
#106  
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

**6418 S. Ficus Lane  
Suite, Apt. #, etc.**

3. Mailing Address

**6418 S. Ficus Lane  
Suite, Apt. #, etc.**



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Lantana FL**

City & State  
**Lantana FL**

4. FEI Number  
**65-0318655**

Applied For  
☐ Not Applicable

Zip Country  
**33462 Palm Bch**

Zip Country  
**33462 Palm Bch**

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

**UHER, SANDRA M.  
6418 S. FICUS LN  
LANTANA FL 33462**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sandra M. Uher, Director, 4-8-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ERICKSON, JAMES C.</b> <b>6418 S. FICUS LN</b> <b>LAKE WORTH FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>UHER, SANDRA M.</b> <b>6418 S. FICUS LN</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **James C. Erickson, Pres, 4-8-03**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)