

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90101 044 ***150.00

DOCUMENT # V00274

1. Entity Name

FLORIDA FILMS, INC.

Principal Place of Business

**201 A HILLSIDE AVE
CHARLOTTE NC 28209
US**

Mailing Address

**201 A HILLSIDE AVE
#1600
CHARLOTTE NC 28209
US**

2. Principal Place of Business

201-F Hillside Ave

Suite, Apt. #, etc.

3. Mailing Address

201-F Hillside Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CHARLOTTE, NC

Zip

28209

Country

US

City & State

CHARLOTTE, NC

Zip

28209

Country

US

4. FEI Number

65-0301431

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLLE, DENNIS J.
2601 SOUTH BAYSHORE DRIVE
STE 1600
MIAMI FL 33133**

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

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

TITLE **PSTD** ☐ Delete
NAME **WINSTEAD, H. WHARTON, JR**
STREET ADDRESS **201-A HILLSIDE AVE.**
CITY-ST-ZIP **CHARLOTTE NC 28209**TITLE **AS** ☐ Delete
NAME **OLLE, DENNIS J**
STREET ADDRESS **2601 S BAYSHORE DR, #1600**
CITY-ST-ZIP **MIAMI FL 33133**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **201-F HILLSIDE AVE**
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: **H W Winstead**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H W WINSTEAD**1/18/01**

Date

(704) 375-9269

Daytime Phone #

CR2E034 (10/00)