## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # V08374 Aug 23, 2000 8:00 am Secretary of State 1. Entity Name MIKE FRANCE PRODUCTIONS, INC. 08-23-2000 90001 041 \*\*\*550.00 Principal Place of Business Mailing Address 3130 2ND ST W 3130 2ND ST W ST PETERSBURG FL 33706 ST PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3103196 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCE, MICHAEL JR. Street Address (P.O. Box Number is Not Acceptable) 3130 WEST 2ND ST ST PETERSBURG FL 33706 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITI F FRANCE, MICHAEL, SR. NAME NAME STREET ADDRESS 3130 WEST 2ND ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33706 Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.