2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90320 040 ***150.00

0533697

DOCUMENT # V36565

1. Entity Name
STUDIO 2000, INC.

Principal Place of Business	Mailing Address
706 ALTAIR AVE FT MYERS FL 33913 US	PO BOX 1888 FT MYERS FL 33902

L0040111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address PO BOX 62187	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT MYERS, FL	
Zip	Country	Zip 33906	Country

4. FEI Number 65-0342929 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEYES, HAROLD J
706 ATTAIR AVE
FORT MYERS FL 33913

7. Name and Address of New Registered Agent

Name

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

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 Harold Leyes, President 3/28/2001
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	LEYES, HAROLD J.		NAME		
STREET ADDRESS	PO BOX 1888 706 ALTAIR AVE		STREET ADDRESS	→ PO BOX 62187 - 706 ALTAIR AVE.	
CITY-ST-ZIP	FT. MYERS FL 33913		CITY-ST-ZIP	→ FORT MYERS, FL 33906	
TITLE	VP	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	LEYES, JOYCE M .		NAME		
STREET ADDRESS	PO BOX 1888 706 ALTAIR AVE		STREET ADDRESS	→ PO BOX 62187 - 706 ALTAIR AVE.	
CITY-ST-ZIP	FT. MYERS FL 33913		CITY-ST-ZIP	FORT MYERS, FL 33906	
TITLE		☐ Delete	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		
TITLE		☐ Delete	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		

CR2E034 (10/00)

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: Harold J. Leyes HAROLD J. LEYES, PRESIDENT 3/28/2001 941-369-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #