

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V65457**

1. Entity Name

**ORANGE BLOSSOM VIDEO, INC.**

Principal Place of Business

Mailing Address

**4504 S. ORANGE BLOSSOM TR.  
SUITE 101  
ORLANDO FL 32839****13219 MEERGATE CIR  
ORLANDO FL 32837-5129  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**FOX, GARRICK N P.A.****~~210 N. MAGNOLIA AVE  
ORLANDO FL 32839~~****ADDRESS CHANGE  
ONLY.**

Name

**SAME**

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

**2748 S. FERNCREEK AVE**City **ORLANDO****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, 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

TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>ERICKSON, DAVID C</b>	
STREET ADDRESS	<b>13219 MEERGATE CIR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>PS</b>	<input type="checkbox"/> Delete
NAME	<b>DAVISON, DONALD E.</b>	
STREET ADDRESS	<b>13219 MEERGATE CIR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **David C Erickson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2000

Date

407 850-0441

Daytime Phone #

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90076 008 \*\*\*150.00

00000343



DO NOT WRITE IN THIS SPACE