

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V72050

1. Entity Name
SCI PRODUCTIONS, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90432 007 ***150.00

Principal Place of Business
501 E. Cervantes Street
Suite 4
Pensacola, FL 32501

Mailing Address
501 E. Cervantes Street
Suite 4
Pensacola, FL 32501

2. Principal Place of Business
1012 E. Cervantes St

3. Mailing Address
1012 E. Cervantes St

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
59-3149841

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNZE, DOUGLAS S.
4951 PATTOCK PLACE
PACE, FL 32571

1012 E Cervantes St
Pensacola FL 32501

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
BUNZE, DOUGLAS S.
4951 PATTOCK PLACE
PACE, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1012 E. CERVANTES ST
PENSACOLA, FL 32501

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)