

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2002 8:00 am
Secretary of State

0015222

DOCUMENT # L00000007784

1. Entity Name

DANGEL PRODUCTIONS, LLC

01-22-2002 90019 017 ****50.00

907934



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% COLONY REALTY, INC.
 12230 FOREST HILL BLVD., SUITE 101
 WELLINGTON FL 33414

Mailing Address

% COLONY REALTY, INC.
 12230 FOREST HILL BLVD., SUITE 101
 WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1037674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONALD WITKOWSKI, P.A.
12798 FOREST HILL BOULEVARD, SUITE 202
WELLINGTON FL 33414

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
C/O COLONY REALTY, INC.
12230 FOREST HILL BLVD., SUITE 101
WELLINGTON FL 33414

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGRM
TAMMY WRIGHT
C/O COLONY REALTY, 12230 FOREST HILL
STE 101, WELLINGTON, FLA. 33414

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Tammy Wright

1/14/02 561-793-4466

CR2E083 (9/01)

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9. MANAGING MEMBERS / MEMBERS

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WRIGHT, TAMMY J
314 EAST ANDERSON STREET
ORLANDO FL 32801 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
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10. ADDITIONS / CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment
907934

DO NOT WRITE IN THIS SPACE

1/22/01 561-793-4466