

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90116 013 ***150.00

DOCUMENT # L09357

1. Entity Name

ELLEN'S EMBROIDERY, INC.



Principal Place of Business

**4101 PARK LAKE STREET
 ORLANDO FL 32803
 US**

Mailing Address

**4101 PARK LAKE STREET
 832 MELLOWOOD AVE
 ORLANDO FL 32825
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2961858**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**GRISWOLD, DONALD
 832 MELLOWOOD AVE
 ORLANDO FL 32825-8037**

7. Name and Address of New Registered Agent

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **VPS** ☐ Delete
 NAME **GRISWOLD, DONALD**
 STREET ADDRESS **832 MELLOWOOD AVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **DP** ☐ Delete
 NAME **GRISWOLD, ELLEN**
 STREET ADDRESS **832 MELLOWOOD AVE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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:

Donal Griswold
Donal Griswold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/07 407-895-5309

Date

Daytime Phone #

CR2E034 (5/01)

0014898

AV

409357
B0059988

ELLEN'S EMBROIDERY, INC.
4101 PARK LAKE STREET
ORLANDO, FL. 32803
The Choice Of The ORLANDO MAGIC

AS PER MY PHONE CONVERSATION WITH SEAN IN YOUR OFFICE , I AM
SENDING THIS NOTE WITH MY PAYMENT FOR OUR UBR.

WE RECEIVED THIS NOTICE IN YESTERDAYS MAIL. IT IS THE FIRST AND
ONLY NOTICE THAT WE HAVE RECEIVED THIS YEAR. WHEN I RECEIVED IT
I AS USUAL FAXED IT (AS I DO ANYTHING TO DO WITH TAXES OR FILINGS)
TO MY ACCOUNTANT, HE WENT ON LINE AND VERIFIED WE HAD NOT
PAID YET THIS YEAR, HE ALSO CHECKED HIS RECORDS AND FILES TO
~~DOUBLE CHECK THAT I HAD NOT SENT IT TO HIM, I HAD NOT.~~

THIS WAS THE FIRST NOTICE I HAVE RECEIVED ON THIS.

THANK YOU FOR YOUR ASSISTANCE,
DONALD L. GRISWOLD

