

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

04-09-2002 90061 003 ****61.25

DOCUMENT # N00000006000
1. Entity Name
ELIZABETH A. TAYLOR PRODUCTIONS, INC.

Principal Place of Business Mailing Address
308 FOX SQUIRREL LANE- 517 S. SUMMER AVE
LONGWOOD FL 32779 ORLANDO FL 32801

2. Principal Place of Business 3. Mailing Address
623 NORTSHORE CIRCLE 623 NORTSHORE CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CASSELBERRY, FL CASSELBERRY, FL
Zip Country Zip Country
32707 USA 32707 USA

4. FEI Number 59-3677518 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
LOVETT, W. THOMAS
200 E ROBINSON ST #500
ORLANDO FL 32801

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 Elizabeth Taylor 3/29/02
Signature, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include TAYLOR, ELIZABETH A., PUFFER, JOHN H., and LEEPER, JUDITH L.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PRESIDENT TAYLOR, ELIZABETH A., TREASURER PUFFER, JOHN H., and SECRETARY COLLINS, ROBERTA A.

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roberta Collins (Roberta Collins) 3/29/02 407-332-6585
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)