

4/9

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
LONGWOOD FL 32779~~~~517 S. SUMMER AVE
ORLANDO FL 32801~~

2. Principal Place of Business

623 NORTSHORE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

623 NORTSHORE CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

4. FEI Number

59-3677518☒ Applied For☐ Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

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

Signature, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/29/02
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**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D TAYLOR, ELIZABETH A**
STREET ADDRESS ~~800 FOX SQUIRREL LANE~~
CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE ☐ Delete
NAME **D PUFFER, JOHN H**
STREET ADDRESS ~~308 FOX SQUIRREL LANE~~
CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE ☒ Delete
NAME **D LEEPER, JUDITH L**
STREET ADDRESS ~~308 FOX SQUIRREL LANE~~
CITY-ST-ZIP ~~LONGWOOD FL 32779~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **D PRESIDENT**
STREET ADDRESS **TAYLOR, ELIZABETH A.**
CITY-ST-ZIP **623 NORTSHORE CIRCLE
CASSELBERRY, FL 32707**

TITLE ☒ Change ☐ Addition
NAME **D TREASURER**
STREET ADDRESS **PUFFER, JOHN H.**
CITY-ST-ZIP **517 S. SUMMERLIN AVE.
ORLANDO FL 32801**

TITLE ☒ Change ☐ Addition
NAME **D SECRETARY**
STREET ADDRESS **COLLINS, ROBERTA A.**
CITY-ST-ZIP **101 HICKORY TRGG RD.
LONGWOOD, FL**

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

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)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02
Date**407-332-6585**
Daytime Phone #

CR2E037 (9/01)