

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005342

1. Entity Name

JUBILANT PRODUCTIONS, INC.

Principal Place of Business

8343 YELLOW LANE  
TALLAHASSEE FL 32311

Mailing Address

PO BOX 3491  
TALLAHASSEE FL 32303

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90045 012 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3392869

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLSTON, DELORES A  
8343 YELLOW LANE  
TALLAHASSEE FL 32311

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VSM PENTON, GRACIE ROUTE 1 BOX 3108 HAVANA FL 32333-9732	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VDC HARRIS, MATHE 1031 W. DELAWARE STREET TALLAHASSEE FL 32310	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
PDC COLSTON, DELORES 2909 BYINGTON CIRCLE TALLAHASSEE FL 32303	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TM SNELLING, SHARON 10454 MERRIBROOK LANE TALLAHASSEE FL 32312	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TDS WILLIAMS, TRACY 833 PORTER MICHELL RD QUINCY FL 32351	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-02

850-414-2561