2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

04-24-2002 90273 035 ***150.00

41100

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000070474

1. Entity Name
URBAN PILOT PRODUCTIONS INC.

Principal Place of Business	Mailing Address
P.O. BOX 8499	P.O. BOX 8499
SOUTH TAMIAMI TRAIL #243	SOUTH TAMIAMI TRAIL #243
SARASOTA FL 34238	SARASOTA FL 34238

2. Principal Place of Business	3. Mailing Address
8499 S. Tamiami Trail	8499 S. Tamiami Trail
Suite, Apt. #, etc. #243	Suite, Apt. #, etc. #243
City & State Sarasota Florida	City & State Sarasota, Florida
Zip 34238 Country	Zip 34238 Country

4. FEI Number 65-1122029 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS INC.
SUITE E
773 4TH AVENUE NORTH
NAPLES FL 34102

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. I am familiar with, and accept the obligations of registered agent.

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 13, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Principal officer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Elissa M. Tracy	NAME	
STREET ADDRESS	8499 South Tamiami Trail #243	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL. 34238	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/02)

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: Elissa M. Tracy August 5-02 941-266-5331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment PO10000070474 / 4.1106

Form **SS-4** (Rev. April 2000)
Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN 65-1122026

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
URBAN PILOT PRODUCTIONS INC

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
8499 South Tamiami Trail #243

5a Business address (if different from address on lines 4a and 4b)
SAME

4b City, state, and ZIP code
Sarasota Florida 34238

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
Sarasota Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►
Elissa M. Tracy SSN # 589-38-9017

8a Type of entity (Check only one box.) (see instructions)
Caution: *If applicant is a limited liability company, see the instructions for line 8a.*

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ►
- ☐ Other (specify) ►
- ☐ Personal service corp.
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (SSN) ___
- ☒ Other corporation (specify) ► General C
- ☐ Trust
- ☐ Federal government/military (enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: Florida — Foreign country:

9 Reason for applying (Check only one box.) (see instructions)
- ☒ Started new business (specify type) ► Photography, Publishing & Modeling Agency
- ☐ Hired employees (Check the box and see line 12.)
- ☐ Created a pension plan (specify type) ►
- ☐ Banking purpose (specify purpose) ►
- ☐ Changed type of organization (specify new type) ►
- ☐ Purchased going business
- ☐ Created a trust (specify type) ►
- ☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)
7-17-01

11 Closing month of accounting year (see instructions)
DECEMBER

12 First date wages or annuities were paid or will be paid (month, day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ► Undecided

13 Highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)*

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions) ► Photography, Publishing, Modeling Agency.

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.
☐ Public (retail) ☐ Other (specify) ► ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above
Legal name ► Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year): 7-17-01
City and state where filed: Tallahasse Florida
Previous EIN:

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.
Business telephone number (include area code): (941) 266-5331
Fax telephone number (include area code): ( )

Name and title (Please type or print clearly.) ► Elissa M Tracy - President

Signature ► X Elissa M Tracy Date ► 7-19-01

Note: *Do not write below this line. For official use only.*

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying

4/24/2002-90273-035-$150.00-$150.00

4/24/2002-90273-03

Attachment
4/1/06

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000070434

1. Entity Name

Urban Pilot Productions INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
4924 Sabal Lake Cir	8499 S. Tamiami Tr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. #243	
City & State: Sarasota FL	City & State: Sarasota	4. FEI Number: 65-1122029 ☐ Applied For ☐ Not Applicable
Zip: 34238 Country: U.S.	Zip: 34238 Country: U.S	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑ (See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	OWNER - SOLE proprietor Elissa M. Thompson 8499 S. Tamiami Tr #243 Sarasota, FL 34238	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Elissa M Thompson 6-10-02 941-922-9660 ext

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

URBAN PILOT PRODUCTIONS, INC.

6-10-02

Attachment

PO1000070474

4/1/06

Elissa Michelle - Principal
8499 S. Tamiami Trail # 243
Sarasota, Florida 34238
(941) 922-9659 o/f
(941) 266-5330 m
www.urbanpilotproductions.com

-Please Accept my UBR Form, My check was sent IN ON time for $150.00. However after speaking to a representative, he informed me that a letter was sent to me ON april 28th stating that my request was not accepted because there was a filing error. (My 150.00 ck was retained). I never received a letter because the mailing address IN your system had the street # and the P.O. box # REVERSED. Ive downloaded a form filled it out correctly and the REP. assured ME I wouldn't be charged further fees. Please call w/any questions 941- 266-5331 @ 941- 922-9660 ex.1 Home

Elissa