

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2003 8:00 am**  
**Secretary of State**

09-09-2003 90026 010 \*\*\*550.00

0115021 AV

**DOCUMENT # P02000080666**

1. Entity Name  
**PARSIMONIOUS PRODUCTION, INC.**



Principal Place of Business  
**2719 CRANE'S COVE DRIVE  
KISSIMMEE FL 34741**

Mailing Address  
**2719 CRANE'S COVE DRIVE  
KISSIMMEE FL 34741**



2. Principal Place of Business

**8800 LATREC AVE #203**

3. Mailing Address

**8800 LATREC AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**ORLANDO, FL**

**# 203**

City & State

City & State

**ORLANDO, FL**

Zip

Country

Zip

Country

**32819**

**USA**

**32819**

**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**PP 42-1567526**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**KANE, TRISH  
1 W. PAR STREET  
ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **ANNETTE M. ROPER**

Street Address (P.O. Box Number is Not Acceptable)

**8800 LATREC AVE #203**

City **ORLANDO**

**FL**

Zip Code

**32819**

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

**09-04-03**

**FILE NOW!!! FEE IS \$550.00**

After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>ROPER, ANNETTE</b>	
STREET ADDRESS	<b>2719 CRANE'S COVE DRIVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROPER, ANNETTE</b>	
STREET ADDRESS	<b>8800 LATREC AVE #203</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**09-04-03 407-312-4091**

Date

Daytime Phone #

CR2E034 (4/03)