

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000033419

1. Entity Name

TELEPRODUCTIONS, INC.

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90101 033 ***150.00

Principal Place of Business

Mailing Address

25244 PELICAN CREEK CIRCLE
202
BONITA SPRINGS FL 33923
US

8951 BONITA BEACH RD
525-310
BONITA SPRINGS FL 34135-4201
US

2. Principal Place of Business

3. Mailing Address

4250 LAKE FOREST DR.

Suite, Apt. #, etc.

323

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

Zip

Country

34134

USA

Zip

Country

4. FEI Number

65-0420560

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

7. Name and Address of New Registered Agent

CLAYTON, LARRY
25244 PELICAN CREEK CIRCLE
202
BONITA SPRINGS FL 33923

Name

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

4250 LAKE FOREST DR. #323

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)

1-21-99

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	P	<input type="checkbox"/> Delete
NAME	CLAYTON, LAWRENCE J	
STREET ADDRESS	25244 PELICAN CREEK CIRCLE #202	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CLAYTON, LAWRENCE J	
STREET ADDRESS	25244 PELICAN CREEK CIRCLE #202	
CITY-ST-ZIP	BONITA SPRINGS FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4250 LAKE FOREST DR, #323
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4250 LAKE FOREST DR. #323
CITY-ST-ZIP	
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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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Lawrence J. Clayton
LAWRENCE J. CLAYTON PRES.

1-21-99

Date

303-592-9513

Daytime Phone #