# 2000 UNIFORM BUSINESS REPORT (UBR)

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CROWN & QUILL PRODUCTIONS, INC.
1158 JUNIPER CREEK CT.
ALTAMONTE SPRINGS FL 32714-1820

*Copy of label from 1999 Profit Corporation Annual Report Form

FILED
00 JUN 23 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17722

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1010 Michelle Court<br>Suite, Apt. #, etc. | P.O. Box 88<br>Suite, Apt. #, etc. |
| City & State: Tavares, Florida | City & State: Tavares, Florida |
| Zip: 32778-3429 Country: U.S. | Zip: 32778-0088 Country: U.S. |

4. FEI Number: 593507248 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| David Wade Whittaker<br>1158 Juniper Creek Court<br>Altamonte Springs, Florida 32714 | Name: David Wade Whittaker<br>Street Address (P.O. Box Number is Not Acceptable): 1010 Michelle Court<br>City: Tavares FL Zip Code: 32778-3429 |

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

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 1st 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 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE P<br>NAME David Wade Whittaker<br>STREET ADDRESS 1010 Michelle Court<br>CITY-ST-ZIP Tavares, Florida 32778<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Change ☐ Addition<br>175 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>☐ Change ☐ Addition<br>06-15-2000 90010 002 - - 875<br>06-15-2000 90010 001 - - 150.00 |

CR2E034 (9/99)

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: David Whittaker — David Whittaker — 6/7/00 — 352-343-5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #