2000 UNIFORM BUSINESS REPORT (UBR)

P98000037780 R
0070749 AF **AUTO T3 2 1201 32714-182058
CROWN & QUILL PRODUCTIONS, INC.
1158 JUNIPER CREEK CT
ALTAMONTE SPRINGS FL 32714-1820

*Copy of label from 1999 Profit Corporation
Annual Report Form

[redacted]
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	P.O. Box 88
Suite, Apt. #, etc.	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

David Wade Whittaker
1158 Juniper Creek Court
Altamonte Springs, Florida 32714

7. Name and Address of New Registered Agent

Name: David Wade Whittaker
Street Address (P.O. Box Number is Not Acceptable): 1010 Michelle Court
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 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE P NAME David Wade Whittaker STREET ADDRESS 1010 Michelle Court CITY-ST-ZIP ~~Tavares, Florida 32778~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP 06-15-2000 90010 002 -- 8.75 06-15-2000 90010 001 -- 150.00	☐ Change ☐ Addition

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 #