

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000037780

1. Entity Name

CROWN & QUILL PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1010 MICHELE COURT Michelle Court
TAVARES FL 32778-3429

P.O. BOX 88
TAVARES FL 32778-3429
US

2. Principal Place of Business

1010 Michelle Court

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tavares, Florida

City & State

4. FEI Number

59-3507248

Applied For

Not Applicable

Zip

Country

Zip

Country

32778-3429

U.S.

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

Name

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

1010 Michelle Court

City

Tavares

FL

Zip Code

32778

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, 2001 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 ☐ Delete
NAME P
STREET ADDRESS WHITTAKER, DAVID W
CITY-ST-ZIP 1010 MICHELE COURT Michelle Court
TAVARES FL 32778-3429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1010 Michelle Court
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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: David Whittaker David Whittaker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/20/01

352-343-5802

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE