

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90155 019 ***150.00

DOCUMENT # P98000082851

1. Entity Name
ELLIS POTTERY, INC.

Principal Place of Business

1325 LAKE ROGERS CIRCLE
 OVIEDO FL 32765

Mailing Address

1325 LAKE ROGERS CIRCLE
 OVIEDO FL 32765-7212

2. Principal Place of Business

1295 N County Rd 426
 Suite, Apt. #, etc. 111

3. Mailing Address

1295 N County Rd 426
 Suite, Apt. #, etc. 111

City & State

Onedo Florida

City & State

Onedo Florida

Zip 32765 Country USA

Zip 32765 Country USA

4. FEI Number **59-3533468**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, SHARON E
 1325 LAKE ROGERS CIRCLE
 OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 Sharon Grant, President
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4/15/00
 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	SD <input type="checkbox"/> Delete
NAME	GRANT, SHARON E
STREET ADDRESS	1325 LAKE ROGERS CIRCLE
CITY-ST-ZIP	OVIEDO FL 32765
TITLE	D <input type="checkbox"/> Delete
NAME	ELLIS, JANE
STREET ADDRESS	12318 FAIRHAVEN DR.
CITY-ST-ZIP	BATON ROUGE LA 78815
TITLE	T <input type="checkbox"/> Delete
NAME	ELLIS, RALPH
STREET ADDRESS	12318 FAIRHAVEN DR
CITY-ST-ZIP	BATON ROUGE LA 70815
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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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: Sharon Grant, President 4/15/00 4073596889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE