

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90248 012 \*\*\*150.00

**C0067689**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 098000082851 ✓

**1. Entity Name**  
Ellis Pottery, Inc.

<b>Principal Place of Business</b> <u>PO Box 621924</u> <u>Oviedo, FL 32762</u>	<b>Mailing Address</b> <u>PO Box 621924</u> <u>Oviedo, FL 32762</u>
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<b>2. Principal Place of Business</b> <u>relocating @ this time (see attached)</u> Suite, Apt. #, etc. <u>PO Box 621924</u> City & State <u>Oviedo, FL</u> Zip <u>32762</u> Country <u>USA</u>	<b>3. Mailing Address</b> <u>PO Box 621924</u> Suite, Apt. #, etc. City & State <u>Oviedo Florida</u> Zip <u>32762</u> Country <u>Seminole, USA</u>
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<b>4. FEI Number</b> <u>59-3533468</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

Ellis, Sharon J FL Street address  
PO Box 621924 7765 Foxknot Place  
Oviedo, FL 32762 Winter Park, FL 32792

**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 Ellis (Grant) President 4/21/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing</b> <b>\$5.00 May Be</b> --Trust Fund Contribution-- <input type="checkbox"/> --Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>Ellis Sharon J</u> <u>PO Box 621924</u> <u>Oviedo, FL 32762</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PELLIS, Jane</u> <u>12318 Fairhaven Dr.</u> <u>Baton Rouge, La. 70815</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>Ellis, Ralph</u> <u>12318 Fairhaven Dr</u> <u>Baton Rouge, La 70815</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 Ellis (Grant) President 4/21/01 4076579202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)