

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109306

1. Entity Name

PAUL CONNOLLY PRODUCTIONS, INC.

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

04-16-2001 90069 023 \*\*\*150.00

Principal Place of Business

1841 NOTTINGHAM DRIVE  
WINTER PARK FL 32792

Mailing Address

1841 NOTTINGHAM DRIVE  
WINTER PARK FL 32792

2. Principal Place of Business

322 Westchester Drive

3. Mailing Address

322 Westchester Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

32701

Country

USA

Zip

32701

Country

USA

4. FEI Number

59 361 4084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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

TITLE PTD  
NAME CONNOLLY, PAUL G ☐ Delete  
STREET ADDRESS 1841 NOTTINGHAM DRIVE  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE S  
NAME CONNOLLY, MICHELLE M ☐ Delete  
STREET ADDRESS 1841 NOTTINGHAM DRIVE  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition  
NAME Connolly, Paul G.  
STREET ADDRESS 322 Westchester Drive  
CITY-ST-ZIP Altamonte Springs FL 32701

TITLE S ☒ Change ☐ Addition  
NAME Connolly, Michelle M.  
STREET ADDRESS 322 Westchester Drive  
CITY-ST-ZIP Altamonte Springs FL 32701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)