

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S88467

1. Entity Name
SAVVY DESIGN PRODUCTIONS, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90446 007 ***150.00

Principal Place of Business
1208 ROGERS ST
CLEARWATER FL 33756
US

Mailing Address
1780 BEE POND RD.
PALM HARBOR FL 34683

00043944



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1780 Bee Pond Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Palm Harbor FL
Zip
34683
Country

City & State

4. FEI Number 59-3088186

Applied For
Not Applicable

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

KELLY, JAMES W.
1780 BEE POND RD.
PALM HARBOR FL 34683

Name
Kelly, Ann M.
Street Address (P.O. Box Number is Not Acceptable)
1780 Bee Pond Rd
City
Palm Harbor FL Zip Code
34683

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JAMES W. 1780 BEE POND RD. PALM HARBOR FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ANN M. 1780 BEE POND RD. PALM HARBOR FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

727-785-7955

Daytime Phone #

CR2E034 (10/00)