

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90040 019 \*\*\*550.00

**DOCUMENT # L20529**

1. Entity Name

**ALPENGLOW PRODUCTIONS, INC.**

Principal Place of Business

101 SE 6TH AVE  
 DELRAY BEACH FL 33483

Mailing Address

101 SE 6TH AVE  
 DELRAY BEACH FL 33483

00081733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 Gardenia Dr.

3. Mailing Address

900 Gardenia Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLray Beach, FL

City & State

DeLray Beach, FL

4. FEI Number

65-0144899

Applied For

Not Applicable

Zip

33483 USA

Zip

33483 USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEREMETA, RICHARD W.  
 101 SE 6TH AVE  
 DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name

900 Gardenia Dr.

DeLray Beach FL 33483

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 | NAME                  | STREET ADDRESS | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|-----------------------|----------------|-----------------------|---------------------------------|
| PD    | SHEREMETA, RICHARD W. | 101 SE 6TH AVE | DELRAY BEACH FL 33483 | <input type="checkbox"/>        |
| SDS   | SHEREMETA, DOLORES E  | 101 SE 6TH AVE | DELRAY BEACH FL 33483 | <input type="checkbox"/>        |
|       |                       |                |                       | <input type="checkbox"/>        |
|       |                       |                |                       | <input type="checkbox"/>        |
|       |                       |                |                       | <input type="checkbox"/>        |
|       |                       |                |                       | <input type="checkbox"/>        |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS   | CITY-ST-ZIP            | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------|------------------------|--|-----------------------------------|
|       |      | 900 Gardenia Dr. | DeLray Beach, FL 33483 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |      | 900 Gardenia Dr. | DeLray Beach, FL 33483 | <input checked="" type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                  |                        | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                        | <input type="checkbox"/>                   | <input type="checkbox"/>          |
|       |      |                  |                        | <input type="checkbox"/>                   | <input type="checkbox"/>          |

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:

*Sheremeta, Richard W.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/13/00 561-276-738

CR2E034 (5/00)