

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91591 010 ***150.00

DOCUMENT # L20529

1. Entity Name

ALPENGLOW PRODUCTIONS, INC.

Principal Place of Business

900 GARDENIA DR
 DELRAY BEACH FL 33483

Mailing Address

900 GARDENIA DR
 DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0144899**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHEREMETA, RICHARD W.
900 GARENIS DR
DELRAY BEACH FL 33483

Name

Street Address (P.O. Box Number is Not Acceptable)
900 Gardenia Dr.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SHEREMETA, RICHARD W.	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900 GARDENIA DR	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
SDS	SHEREMETA, DOLORES E	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	900 GARDENIA DR	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	CITY-ST-ZIP	
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<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

Dolores Sheremeta
Dolores Sheremeta

4/14/01 561/276-7381

Date

Daytime Phone #

CR2E034 (10/00)