

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90227 029 ***150.00

DOCUMENT # P94000061549

1. Entity Name

H-A-P-P-Y PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 470929

P.O. BOX 470929

LAKE MONROE FL 32747-0929

LAKE MONROE FL 32747-0929

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3269140

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

BALDOROSS, SANDY
1711 PERCH LANE
SANFORD FL 32771

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	ATKINSON, JAMES A	
STREET ADDRESS	1208 CARDINAL COURT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	V	<input type="checkbox"/> Delete
NAME	OMALLEY, ROBERT	
STREET ADDRESS	692 JAMESTOWN BLVD. APT#2245	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BALDOROSS, SANDY	
STREET ADDRESS	1711 PERCH LANE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:

Sandy Baldorossi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29, 2000 407/322-7128

CR2E034 (9/99)