

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038302

1. Entity Name

T-N-V PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

1417 LAMPLIGHTER WAY  
ORLANDO FL 32818

1417 LAMPLIGHTER WAY  
ORLANDO FL 32818

2. Principal Place of Business

6616 Lagoon St.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1907  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Windermere, FL

City & State

Windermere, FL

4. FEI Number

59-3440858

Applied For

Not Applicable

Zip

34786

Country

USA

Zip

34786

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HLADIK, VICTORIA M  
1417 LAMPLIGHTER WAY  
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

Hladik, Victoria M

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

6616 Lagoon St.

City

Windermere

FL

Zip Code

34786

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

Victoria M. Hladik

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

3/07/01

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	PVST	<input type="checkbox"/> Delete
NAME	HLADIK, VICTORIA M	
STREET ADDRESS	1417 LAMPLIGHTER WAY	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Victoria M. Hladik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 407-810-6764

Date

Daytime Phone #

CR2E034 (10/00)