

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P970000038302**
1. Entity Name **T-N-V Productions, Inc** ✓

FILED

02 APR 15 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6616 Lagoon St.
Suite, Apt. #, etc.

3. Mailing Address
6616 Lagoon St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Windermere, FL
Zip
34786 Country
USA

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Windermere, FL
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4. FEI Number
59-3440858
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Victoria M. Hladik**

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**

4-09-02

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President Victoria M. Hladik 6616 Lagoon St Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Tom Hladik 6616 Lagoon St Windermere, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Pamela Bates 316 Driver Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Victoria M. Hladik 6616 Lagoon St Windermere, FL 34786
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Victoria M. Hladik
Victoria M. Hladik - President

3-08-02 407-654-8480

Date

Daytime Phone #