

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000025232

1. Entity Name

VENDETTA PRODUCTIONS, INC.

FILED

Apr 28, 2000 8:00 am  
Secretary of State

04-28-2000 90057 006 \*\*\*150.00

Principal Place of Business

6154 SPRINGER DRIVE  
PORT RICHEY FL 34668

Mailing Address

6154 SPRINGER DRIVE  
PORT RICHEY FL 34668-5339

2. Principal Place of Business

3. Mailing Address

8806 CRESCENT FOREST BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Port Richey, FL

Zip

Country

34654

Country

4. FEI Number

59-3499746

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

BUSCEMA, JOHN

4620 BAY BOULEVARD

UNIT 1113

PORT RICHEY FL 34668

Name

BUSCEMA, JOHN

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

8806 CRESCENT FOREST BLVD

City

New Port Richey

FL

Zip Code

34654

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	D	<input type="checkbox"/> Delete
NAME	BUSCEMA, JOHN	
STREET ADDRESS	4620 BAY BLVD., UNIT 1113	
CITY-ST-ZIP	PORT RICHEY FL 34668	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8806 CRESCENT FOREST BLVD	
STREET ADDRESS	8806 CRESCENT FOREST BLVD	
CITY-ST-ZIP	New Port Richey FL 34654	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00 727-849-7834

CR2E034 (9/99)