

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000079398

1. Entity Name

3.0 PRODUCTIONS AND MANAGEMENT, INC.

Principal Place of Business

692 NORTH LONGVIEW PLACE
LONGWOOD FL 32779

Mailing Address

692 NORTH LONGVIEW PLACE
LONGWOOD FL 32779

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Longwood Florida

Zip

Country

Zip

Country

32779

USA

4. FEI Number

59-3538902

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTAGLIA, ANTHONY
692 NORTH LONGVIEW PLACE
LONGWOOD FL 32779

Name

DON MOORE

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

692 North Longview Place

City

Longwood

FL

Zip Code

32779

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]

DON L. MOORE

8/23/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME BATTAGLIA, ANTHONY
STREET ADDRESS 692 NORTH LONGVIEW PLACE
CITY-ST-ZIP LONGWOOD FL 32779 ☒ Delete

TITLE D
NAME MOORE, STACY
STREET ADDRESS 692 NORTH LONGVIEW PLACE
CITY-ST-ZIP LONGWOOD FL 32779 ☐ Delete

TITLE ~~D~~
NAME ~~MOORE, DON~~
STREET ADDRESS ~~692 N. LONGVIEW PLACE~~
CITY-ST-ZIP ~~LONGWOOD, FL 32779~~ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MOORE, DON
STREET ADDRESS 692 N. Longview Place
CITY-ST-ZIP Longwood, FL 32779 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00
Date

(407)869-1486
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CP2E034 (5/00)

Attachment Doc# : V480000793
D0082037

August 23, 2000

To Whom It May Concern:

As we **never** received a copy of the *2000 Uniform Business Report*, we are enclosing a check in the amount of \$ 150.00 and \$ 8.75 for the Certificate of status. Thank You Very Much.

Don Moore
(407) 869-1486