

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082203

1. Entity Name
BLUE MOOSE PICTURES, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90326 041 ***158.75

Principal Place of Business

1099 PINEAPPLE WAY
KISSIMMEE FL 34741

Mailing Address

1099 PINEAPPLE WAY
KISSIMMEE FL 34741

A0028607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2313 Lake Debra DR.

3. Mailing Address

2313 Lake Debra DR.

Suite, Apt. #, etc.

APT # 2836

Suite, Apt. #, etc.

APT # 2836

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3534252

Applied For

Not Applicable

Zip

32835

Country

USA

Zip

32835

Country

USA

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

LAMERE, JOSEPH E
1099 PINEAPPLE WAY
KISSIMMEE FL 34741

Name

LAMERE, JOSEPH E

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

2313 Lake Debra DR.

APT # 2836

City

Orlando

FL

Zip Code

32835

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

Joseph E. Lamer

2-28-01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LAMERE, JOE
1099 PINEAPPLE WAY
KISSIMMEE FL 34741

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
LAMERE JOE
2313 Lake Debra DR. APT #2836
Orlando, FL 32835

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-01

407-523-3465

CR2E034 (10/00)