

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91539 042 ***150.00

DOCUMENT # S07551

1. Entity Name
TAHOE PRODUCTIONS, INC.

Principal Place of Business
13817 CURLEY ROAD
SAN ANTONIO FL 33576
US

Mailing Address
PO BOX 1234
SAN ANTONIO FL 33576
US



2. Principal Place of Business

3. Mailing Address

PO Box 725

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Lincoln, MT

4. FEI Number
59-3031059

Applied For
 Not Applicable

Zip

Country

Zip

Country

59639

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

OPRE, THOMAS A.
13817 CURLEY RD
SAN ANTONIO FL 33576

Name

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

21017 Ayers Rd

City

Brusselsville

FL

Zip Code

34608

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.

Address change only

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/13/02

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, 2002 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** ☐ Delete
 NAME **OPRE, THOMAS A.**
 STREET ADDRESS **PO BOX 1234**
 CITY-ST-ZIP **SAN ANTONIO FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. Box 725**
 CITY-ST-ZIP **Lincoln, MT 59639**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/02

406 362 4501

Date

Daytime Phone

CR2E034 (9/01)