

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90038 024 ***150.00

DOCUMENT # S25271

1. Entity Name
3-T INVESTMENTS, INC.

Principal Place of Business Mailing Address
2308 WINTER WOODS BLVD **2308 WINTER WOODS BLVD**
WINTER PARK FL 32792 **WINTER PARK FL 32792**

CUU44858



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2016 SUSSEX ROAD **2016 SUSSEX ROAD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
WINTER PARK, FL **WINTER PARK, FL**

4. FEI Number **59-3048776** Applied For
Not Applicable

Zip Country Zip Country
32792 **32792**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMANDA T. VOLENCE
2308 WINTER WOODS BLVD.
WINTER PARKS FL 32792

Name **AMANDA T. VOLENCE**
Street Address (P.O. Box Numbers Not Acceptable)
2016 SUSSEX ROAD
WINTER PARK, FL 32792
City Zip Code
32792

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 *Amanda Volence*
Signature of principal or other named registered agent and fee payor

4/6/01

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		
TITLE	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	VOLENCE, AMANDA T.		NAME	AMANDA T. VOLENCE	
STREET ADDRESS	2308 WINTER WOODS BLVD.		STREET ADDRESS	2016 SUSSEX ROAD	
CITY-STATE-ZIP	WINTER PARK FL 32798		CITY-STATE-ZIP	WINTER PARK, FL 32792	
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TOMPKINS, KEVIN W		NAME		
STREET ADDRESS	1708 CINNAMON CIRCLE		STREET ADDRESS		
CITY-STATE-ZIP	CASSELBERRY FL 32707		CITY-STATE-ZIP		
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TOMPKINS, DEREK W		NAME		
STREET ADDRESS	2681 QUEEN MARY PLACE		STREET ADDRESS		
CITY-STATE-ZIP	MAITLAND FL 32751		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-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.

AMANDA T. VOLENCE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Fee

4/6/01 / 402/678 2432

CR2E034 (10/00)