

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F69611

1. Entity Name

ITM INVESTMENT, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90030 027 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 5017
LARGO FL 34649

P.O. BOX 5017
LARGO FL 33779-5017

821374



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2738049

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TUBOLINO, ANTHONY T.
5147 MARINE PARKWAY,
SUITE C
NEW PORT RICHEY FL 34652

Name

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

City

FL

Zip Code

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	P	<input type="checkbox"/> Delete
NAME	TUBOLINO, ANTHONY SR	
STREET ADDRESS	13404-106TH AVE	
CITY-ST-ZIP	LARGO FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	TUBOLINO, PHILLIS	
STREET ADDRESS	13404-106TH AVE	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESSIER, GINNY	
STREET ADDRESS	10 SPRUCE ST.	
CITY-ST-ZIP	ST. ALBANS VT	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEAUGREGARD, TERESA	
STREET ADDRESS	10 FIRST ST.	
CITY-ST-ZIP	SWANSON VT	
TITLE	M	<input type="checkbox"/> Delete
NAME	TUBOLINO, ANTHONY JR	
STREET ADDRESS	5147 MARINE PARKWAY, SUITE C	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 #

CR2E034 (9/99)