## **2001 UNIFORM BUSINESS REPORT (UBR)** FILED Mar 09, 2001 8:00 am **DOCUMENT # F69611 Secretary of State** 1. Entity Name ITM INVESTMENT, INC. 03-09-2001 90481 006 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 5017 P.O. BOX 5017 **LARGO FL 34649** LARGO FL 34649 727817 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2738049 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Name TUBOLINO, ANTHONY T. Street Address (P.O. Box Number is Not Acceptable) 5147 MARINE PARKWAY. SUITE C **NEW PORT RICHEY FL 34652** Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE ☐ Delete TITLE ☐ Change NAME TUBOLINO, ANTHONY SR NAME STREET ADDRESS STREET ADDRESS 13404-106TH AVE CITY-ST-ZIP CITY-ST-ZIP LARGO FL ☐ Addition ☐ Change ☐ Delete TITLE NAME TUBOLINO, PHILLIS NAME STREET ADDRESS STREET ADDRESS 13404-106TH AVE אףכה.בו\_ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME MESSIER, GINNY NAME STREET ADDRESS 10 SPRUCE ST. STREET ADDRESS CITY-ST-ZIP <u>st. Albans vt</u> CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BEAUGREGARD, TERESA NAME STREET ADDRESS 10 FIRST ST. STREET ADDRESS CITY-ST-ZIP SWANSON VT CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME TUBOLINO, ANTHONY JR NAME STREET ADDRESS 5147 MARINE PARKWAY, SUITE C STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-0/-727-843.0064