

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90098 024 ***150.00

DOCUMENT # F69611

1. Entity Name
ITM INVESTMENT, INC.



Principal Place of Business
**P.O. BOX 5017
LARGO FL 34649**

Mailing Address
**P.O. BOX 5017
LARGO FL 34649**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2738049**

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (10/02)