

2001 UNIFORM BUSINESS REPORT (UBR)

0129628 AT

DOCUMENT # J69616

1. Entity Name
CORVETTE, INC.

FILED

02 FEB 26 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1305 WYOMING AVE
ST CLOUD FL 34769

Mailing Address
1305 WYOMING AVE
ST CLOUD FL 34769



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT

4. FEI Number 59-2800246

Applied 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

COOPER, KAREN L
924 VIRGINIA AVENUE
ST CLOUD FL 34769

Name VOEDNESS, THOMAS, J.

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

3355 WESTSHORE DR.

City ST CLOUD

FL

Zip Code

34772

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 Thomas J. Voedness

THOMAS J. VOEDNESS

Feb 10, 2002

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME DPVS
STREET ADDRESS COOPER, KAREN L
CITY-ST-ZIP 924 VIRGINIA AVENUE
ST CLOUD FL 34769

TITLE ☒ Change ☐ Addition
NAME THOMAS J. VOEDNESS
STREET ADDRESS 3355 WESTSHORE DR
CITY-ST-ZIP ST. CLOUD, FL 34772

TITLE ☒ Delete
NAME T
STREET ADDRESS COOPER, KAREN L
CITY-ST-ZIP 924 VIRGINIA AVENUE
ST. CLOUD FL 34769

TITLE ☒ Change ☐ Addition
NAME THOMAS J. VOEDNESS
STREET ADDRESS 3355 WESTSHORE DR.
CITY-ST-ZIP ST CLOUD, FL 34772

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Thomas J. Voedness

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 10, 2002 407-937-8687

CR2E034 (5/01)