## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J71111**

1. Entity Name

Zip

SIGNATURE

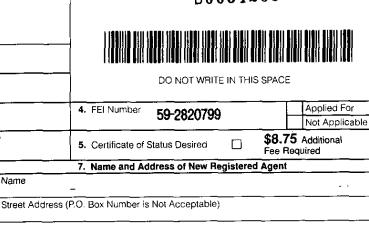
TVS ENTERPRISES, INC. Principal Place of Business Mailing Address 1183 OLD DIXIE HIGHWAY 1183 OLD DIXIE HIGHWAY LAKE PARK FL 33403 LAKE PARK FL 33403-2311 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zíp

## **FILED** Mar 06, 2000 8:00 am Secretary of State

03-06-2000 90129 043 \*\*\*150.00

DAMOREAL



DATE

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.

9.	This corporation is eligible to satisfy its Inta	ngible
	Tax filing requirement and elects to do so.	
	(See criteria on back)	

PALM BEACH SHORES FL 33404

SHEPARD, JAMES P

207 LINDA LANE

Country

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

Country

Name

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition \
NAME	SHEPARD, JAMES P.		NAME	
STREET ADDRESS	207 LINDA LANE		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404		CITY-ST-ZIP	
TITLE	SV	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Shepard, Valerie a		NAME	
STREET ADDRESS	207 LINDA LANE		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH SHORES FL 33404		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS		يناسد بيد	STREET ADDRESS	era.
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	}
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME	•		NAME	
STREET ADDRESS			STREET ADDRESS	}
CITY-ST-ZIP			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 the corporation of the receiver of trustee empowered.

SIGNATURE: