

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90247 043 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015003

1. Entity Name

TNV-GILBERT, LLC

Principal Place of Business

2212 AVENUE B.
BRADENTON BEACH FL 34217

Mailing Address

2212 AVENUE B.
BRADENTON BEACH FL 34217

2. Principal Place of Business

3. Mailing Address

PO Box 146

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRADENTON BEACH

4. FEI Number

52-2338379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

 GILBERT, THOMAS N
 2212 AVENUE B.
 BRADENTON BEACH FL 34217

 GILBERT, THOMAS N
 2212 AVENUE B
 Bradenton Beach, FL 34217

Name

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

PO Box 146

City

BRADENTON BEACH FL 34217

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GILBERT, THOMAS N	
STREET ADDRESS	2212 AVENUE B.	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 146	
STREET ADDRESS	BRADENTON BEACH, FL 34217	
CITY-ST-ZIP		

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GILBERT, VICTORIA	
STREET ADDRESS	2212 AVENUE B.	
CITY-ST-ZIP	BRADENTON BEACH FL 34217	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 146	
STREET ADDRESS	BRADENTON BEACH FL 34217	
CITY-ST-ZIP		

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

941-778-6487

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
 THOMAS N GILBERT 01-09-02

Date

Daytime Phone #

CR2083 (9/01)