FILED

2001 UNIFORM BUSINESS REPORT (UBR)

ith an address, with all other fike empowered.

changed, or on an attachment.

SIGNATURE!

Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P0000040064 TJV & ASSOCIATES, INC. 04-04-2001 90131 039 ***150.00 Principal Place of Business Mailing Address 26415 CLARKSTON DRIVE 26415 CLARKSTON DRIVE 737461 **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 0305 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Lee (೬೯೯ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City FL 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) 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Change CR2E034 (10/00) TITLE PSTD ☐ Delete VIGNERI, THOMAS J NAME STREET ADDRESS STREET ADDRESS 26415 CLARKSTON DRIVE CLARKSTON DRIVE CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34135** 5041N65 TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS 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

THOMAS J. VIGNERI 3/