FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

Mar 06, 2002 8:00 am P00000050034 DOCUMENT # **Secretary of State** 1. Entity Name 03-06-2002 90106 016 ***150.00 TVG ENTERPRISES, INC. Principal Place of Business Mailing Address 2800 GULF BLVD.. #2B 2800 GULF BLVD.. #2B BELLAIR BEACH FL 33786 BELLAIR BEACH FL 33786 Principal Place of Business 3. Mailing Address BLVD. Pioi Bo) Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 59-3647899 Not Applicable \$8.75 Additional 5. Certificate of Status Desired NELLA NELLAS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GURSKEY, THOMAS V** Street Address (P.O. Box Number is Not Acceptable) 2800 GULF BLVD., #2B **BELLAIR BEACH FL 33786** tatement for the purpose of changing its registered office or re 8. The above named entity submits the agent, or both, in the State of Florida. SIGNATURE E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intengible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) Addition Change TITLE ☐ Delete TITLE **GURSKEY, THOMAS V** NAME NAME THOMAS V. GURSKEY 2800 GULF BLVD., #2B STREET ADDRESS STREET ADDRESS 19873 GULF BLVD. #19 **BELLAIR BEACH FL 33786** CITY-ST-ZIP CITY-ST-ZIP FL, INDIAN SHORES, ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete_ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IE ☐ Delete TITLE 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-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not quality 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 accordate 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 true exempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if