

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90246 035 ***150.00

0450975 AV

DOCUMENT # P01000000343

1. Entity Name
TV DEMO'S, INC.

Principal Place of Business
540 CARILLON PARKWAY
1082
SAINT PETERSBURG FL 33716

Mailing Address
540 CARILLON PARKWAY
1082
SAINT PETERSBURG FL 33716



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
540 CARILLON PARKWAY
 Suite, Apt. #, etc.
1082

3. Mailing Address
540 CARILLON PARKWAY
 Suite, Apt. #, etc.
1082

City & State
ST. PETERSBURG
Zip **33716**
Country **USA**

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ST. PETERSBURG
Zip **33716**
Country **USA**

4. FEI Number **59-3688351**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DUBOIS, ALISON M
540 CARILLON PARKWAY, SUITE 1082
ST PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 *Alison M Dubois* **PRESIDENT** **ALISON M DUBOIS** **4/3/02**
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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **DUBOIS, ALISON**
STREET ADDRESS **540 CARILLON PARKWAY #1082**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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NAME
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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:

Alison M Dubois
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-03-02 **707-592-9463**
 Date Daytime Phone #

CR2E034 (9/01)