

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90144 025 ***150.00

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

2. Principal Place of Business
10 FOXFIRE LN
Suite, Apt. #, etc.

3. Mailing Address
10 FOXFIRE LN
Suite, Apt. #, etc.

City & State
OLDSMAR, FL
Zip 34677 Country USA

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OLDSMAR, FL
Zip 34677 Country USA

4. FEI Number 59-3688351

Applied For
Not Applicable

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



☒ CHECK HERE IF MAKING CHANGES

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 ALISON DUBOIS SCUTTE
Street Address (P.O. Box Number is Not Acceptable)
10 FOXFIRE LN.
City OLDSMAR FL Zip Code 34677

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alison M. Scutte*

(NOTE: Registered Agent signature required when reinstating)

4/2/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUBOIS, ALISON 540 CARILLON PARKWAY #1082 SAINT PETERSBURG FL 33716	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SCUTTE, ALISON 10 FOXFIRE LANE OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alison M. Scutte*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/02/03 727-786-1198

Date

Daytime Phone #

CR2E034 (10/02)