

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90204 030 \*\*\*150.00

0438870 AV

**DOCUMENT # P01000027229**

**1. Entity Name**  
**TRAVEL VIDEO INTERNATIONAL, INC.**



**Principal Place of Business**  
1123 BELLADONNA DR.  
BRANDON FL 33510

**Mailing Address**  
1123 BELLADONNA DR.  
BRANDON FL 33510



**2. Principal Place of Business**

5005 WEST LAUREL ST

**3. Mailing Address**

5005 West Laurel St

Suite, Apt. #, etc.  
115

Suite, Apt. #, etc.  
115

☒ CHECK HERE IF MAKING CHANGES

**City & State**  
TAMPA FL

**City & State**  
TAMPA FL

**4. FEI Number** 59-3703859

**Applied For**  
Not Applicable

**Zip** 33607 **Country**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MORILAK, KENNETH J  
4805 WEST LAUREL STREET STE 250  
TAMPA FL 33607

**Name** MARTIN NEMEC  
**Street Address (P.O. Box Number is Not Acceptable)** 5005 W. LAUREL ST #115  
**City** TAMPA **FL** **Zip Code** 33607

**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**   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE** 04-21-03

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	PT	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	NEMEC, MARTIN	
<b>STREET ADDRESS</b>	4805 WEST LAUREL STREET STE 250	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>	VD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	TSCHOELL, NORBERT	
<b>STREET ADDRESS</b>	4805 WEST LAUREL STREET STE 250	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>	SD	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	MORILAK, KENNETH J	
<b>STREET ADDRESS</b>	4805 WEST LAUREL STREET STE 250	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MARTIN NEMEC	
<b>STREET ADDRESS</b>	5005 WEST LAUREL ST, #115	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	TSCHOELL, NORBERT	
<b>STREET ADDRESS</b>	5005 WEST LAUREL ST, #115	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MARTIN, NEMEC	
<b>STREET ADDRESS</b>	5005 W. LAUREL ST, #115	
<b>CITY-ST-ZIP</b>	TAMPA FL 33607	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-03 (P13) 2889313

Date

Daytime Phone #

CP2E034 (10/02)