

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90211 044 ***150.00

DOCUMENT # P92000000621

1. Entity Name
T R V CONSULTING, INC

Principal Place of Business 3782 OLD LIGHTHOUSE CIR WELLINGTON FL 33414 US	Mailing Address 3782 OLD LIGHTHOUSE CIR WELLINGTON FL 33414 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number 65-0364539	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VICINANZA, TAMI R
 3782 OLD LIGHTHOUSE CIR
 WELLINGTON FL 33414**

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 _____
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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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VICINANZA, TAMI R
3782 OLD LIGHTHOUSE CIR
WELLINGTON FL 33414

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/01 (801) 333-0170
Date Daytime Phone #

CR2E034 (5/01)

Attachment

A0076206

Doc. # P92000000621

To Whom it May Concern,

7/2/01

I never recieved an annual corp
Report till today. I had to call to get one 2 weeks
ago. I apologize for not realizing sooner but on
Feb 28 I had 2 major operations and for the
last four months have barely known my own name.

I am feeling better now and will be glad to furnish
you with Doctors letters to validate this if you think
this was my fault. I realize people must lie all the
time to cover up their laziness about making this
on time, but in my case its the Gods honest truth!
My husband swears he never saw an annual report while
I was ill & that he never would have thrown it away.

Please let me know if you have or need more info from me,
again, thank-you for listening.

Thank-you

Tami Ramus Ury

Tami Ramus Vicinanza
3782 OLD LIGHTHOUSE CIRCLE
Wellington, FL. 33414
561-333-0170