

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90289 025 ***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**



2. Principal Place of Business
4120 A Palm Bay Circle
Suite, Apt. #, etc.
West Palm Beach

3. Mailing Address
4120 A Palm Bay Circle
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
FL

City & State
West Palm Beach, FL

4. FEI Number
65-0364539

Applied For
☐ Not Applicable

Zip
33406

Country
USA

Zip
33406

Country
USA

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

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

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. 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

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VICINANZA, TAMI R 3782 OLD LIGHTHOUSE CIR WELLINGTON FL 33414	<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
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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: **Tami R. Vicinanza** **1/20/03** **561 333-0170**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0390132 AV

CR2E034 (10/02)