2004 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2004 8:00 am
Secretary of State
06-07-2004 90002 041 ***150.00

DOCUMENT # P94000087553

1. Entity Name

CVT (USA), INC

DO NOT WRITE IN THIS SPACE

54056910

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2375 TAMIAMI TRAIL NORTH SUITE 310	C/O JANE YEAGER CHEFFY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2375 TAMIAMI TRAIL NORTH SUITE 310
City & State: NAPLES, FL	City & State: NAPLES FL
Zip: 34103 Country:	Zip: 34103 Country:

4. FEI Number: 65-0541814 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CHEFFY, JANE Y

Street Address (P.O. Box Number is Not Acceptable): 2375 TAMIAMI TRAIL NORTH

SUITE 310

City: NAPLES **FL** Zip Code: 34103

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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		11.	
TITLE	P D	TITLE	
NAME	CHVATAL, EDUARD R	NAME	
STREET ADDRESS	GREENSIDE CT 695 DAINFERN EST	STREET ADDRESS	
CITY-ST-ZIP	FOURWAYS 2055 REP SO AFRICA	CITY-ST-ZIP	
TITLE		TITLE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ EDUARD R CHVATAL 6/4/2004 (239) 263-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #