

**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

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

54056910

DO NOT WRITE IN THIS SPACE

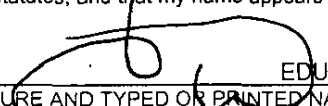
4. FEI Number 65-0541814		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D CHVATAL, EDUARD R GREENSIDE CT 695 DAINFERN EST FOURWAYS 2055 REP SO AFRICA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	(239) 263-1130 Daytime Phone #