

2007

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90866 021 \*\*\*150.00

DOCUMENT # P94000087553

1. Entity Name

CVT (USA), INC

**DO NOT WRITE IN THIS SPACE**

60046156

2. Principal Place of Business  
2375 TAMiami TRAIL NORTH SUITE 310

3. Mailing Address  
C/O JANE YEAGER CHEFFY

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
2375 TAMiami TRAIL NO SUITE 310

DO NOT WRITE IN THIS SPACE

City & State  
NAPLES, FL

City & State  
NAPLES FL

4. FEI Number  
65-0541814

Applied For  
Not Applicable

Zip  
34103

Country

Zip  
34103

Country

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**

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

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE  
IN THIS SPACE**

4/27/07 239.263.1130