

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000014559

1. Entity Name

TOTAL INVESTMENT GROUP, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90097 024 ***158.75

Principal Place of Business 11060 NW 24TH ST CORAL SPRINGS FL 33065 US	Mailing Address 11060 NW 24TH ST CORAL SPRINGS FL 33065-3643 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0691556		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent SCAVONE, LUCILLE 10276 SPRINGTREE LAKES DRIVE SUNRISE FL 33351				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11060 NW 24 ST City CORAL SPRINGS FL Zip Code 33065			
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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]*
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	SCAVONE, LUCILLE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		SCAVONE, LUCILLE	NAME		
STREET ADDRESS		11060 NW 24TH ST	STREET ADDRESS		
CITY-ST-ZIP		CORAL SPRINGS FL	CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete	SCAVONE, LUCILLE	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		SCAVONE, LUCILLE	NAME		
STREET ADDRESS		11060 NW 24TH ST	STREET ADDRESS		
CITY-ST-ZIP		CORAL SPRINGS FL	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	
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	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** *1-10-00* *954-341-2453*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #