

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90567 008 ***150.00

DOCUMENT # P9100000051100

1. Entity Name TNV ENTERPRISES, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2860 N. PRESTWICK WAY

Suite, Apt. #, etc.

3. Mailing Address

2860 N. PRESTWICK WAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LECANTO, FLORIDA

City & State

LECANTO, FLORIDA

4. FEI Number

65-0690262

Applied For

☐ **Not Applicable**

Zip

34461

Country

USA

Zip

34461

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOEL R. LAVENDER

Street Address (P.O. Box Number is Not Acceptable)

507 SE 11TH COURT

City

FORT LAUDERDALE

FL

Zip Code

33316

**DO NOT WRITE
IN THIS SPACE**

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, 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)** ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEFFREY THOMAS 11960 S.W. 18TH COURT DAVIE, FLA 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT VLADIMIR VLCKO 2860 N. PRESTWICK WAY LECANTO, FLORIDA 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SYLVIA THOMAS 11960 S.W. 18TH COURT DAVIE, FLORIDA 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAMELA VLCKO 2860 N. PRESTWICK WAY LECANTO, FLORIDA 34461
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IN THIS SPACE**

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 on an attachment with an address, with or without other like empowered.

SIGNATURE: Pamela M. Vlcko PAMELA M. VLCKO

4/1/02

(352) 249-4494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)