

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000028899

FILED
Jan 10, 2002 8:00 AM
Secretary of State

Entity Name: TF VENTURES, INC.

Current Principal Place of Business:

325 -5TH AVE
#207
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

PO BOX 33547
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: 59-3522245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONIN, LAUREN B
325 5TH AVE
INDIALANTIC, FL 32903

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so ().

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: VOLKERT, LEON
Address: 4116 N OCEAN DR STE 700
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: VD () Delete
Name: KOONIN, LAUREN B
Address: 325 5TH AVE
City-St-Zip: MELBOURNE, FL 32903

Title: PD () Delete
Name: FAUST, CHARLES R
Address: 4116 N OCEAN DR STE 700
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D () Delete
Name: THOMPSON, C W
Address: 3970 PKWY DR
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS () Change (X) Addition
Name: HENDERSON, CHARISSE A
Address: 325 FIFTH AVENUE SUITE 207
City-St-Zip: INDIALANTIC, FL 32903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: KOONIN, LAUREN B
Address: 325 5TH AVE SUITE 207
City-St-Zip: MELBOURNE, FL 32903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREN B. KOONIN

VP

01/10/2002

Electronic Signature of Signing Officer or Director

Date