

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90152 046 ***150.00

DOCUMENT # P98000030823

1. Entity Name

TECHNICAL DESIGN AUDIO-VISUAL INSTALLATION, INC.

Principal Place of Business

12130 SYCAMORE LANE
WELLINGTON FL 33414

Mailing Address

12130 SYCAMORE LANE
WELLINGTON FL 33414-5644

2. Principal Place of Business

Technical Design A/V IFS INC 12145 Big Cove CT
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

FL, Wellington

4. FEI Number

65-0826921

Applied For

Not Applicable

Zip

33414

Country

US

Zip

33414

Country

US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, KEVIN S
12130 SYCAMORE LANE
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name Kevin Johnston

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

12145 Big Cove CT

City

Wellington

FL

Zip Code

33414

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

1-9-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, KEVIN S	
STREET ADDRESS	12130 SYCAMORE LAND	ADDRESS CHANGE
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE CHURCH	
STREET ADDRESS	2422 24TH LN	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN JOHNSTON	
STREET ADDRESS	12145 Big Cove CT	
CITY-ST-ZIP	Wellington FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-00

561-714-8280

CR2E034 (9/99)