

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030823

1. Entity Name
TECHNICAL DESIGN AUDIO-VISUAL INSTALLATION, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90017 019 ***150.00

Principal Place of Business
12145 BIG CONE CT
WELLINGTON FL 33414

Mailing Address
12145 BIG CONE CT
WELLINGTON FL 33414

2. Principal Place of Business
WEST PALM BEACH
Suite, Apt. #, etc.

3. Mailing Address
12145 BIG CONE CT.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WELLINGTON FL
Zip
33414
Country
US

4. FEI Number
65-0826921
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSTON, KEVIN S
12145 BIG CONE CT
WELLINGTON FL 33414

7. Name and Address of New Registered Agent
Name
KEVIN JOHNSON
Street Address (P.O. Box Number is Not Acceptable)
SAME
City
SAME FL Zip Code
SAME

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 _____ (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D JOHNSTON, KEVIN S 12145 BIG CONE CT WELLINGTON FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP CHURCH, MIKE 2422 24TH LANE LAKE WORTH FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

03-01-01 954-658-6535
Date Daytime Phone #

CR2E034 (10/00)