2000) UNIFORM BUSII	NESS REPO	RT (UBR	<u> </u>					
DOCUMENT # P99000047296 1. Entity Name						TILEU TVISION OF CORPORATION				
MARCO ISLAND EQUIPMENT, INC.						90 00=	CORPORATIO	/ _t *		
Principal Place of Business Mailing Address					· '	. 00 OCT 23 AM 9:31				
994 N BARFIELD DR 994 N BARFIELD DR					İ					
954 N BARFIELD DR 1SLAND INDUSTRIAL PARK. UNIT 35 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145-231							1 28:11 88:11 8:811 1 8:11 0 14 : 1	# 1#11# 8 211 1 841	1	
	lace of Business F. FLICAM CIECE	800 E. ELKCAM CIRCLE			/e					
Suite, Apt.	#, etc.	Suite. Apt. #, etc. 好3			R	REINSTATEWENT CO				
City & State MALCO		MARCO ISLAND, FL.			4. [59-3578286		Applied For Not Applica	able	
34/4s		34145	Count -45	•		Certificate of Status Desired	\$8.75 / Fee Requ		<u> </u>	
	6. Name and Address of Current Ro	egistered Agent		NI		Name and Address of New R	legistered Agent		_	
				Name J	ACIC D). ASHCABIT				
TUCKER, E GLENN					Street Address IP.O. Box Number is Not Acceptable)					
SUN BANK CENTRE 950 N COLLIER BLVD, SUITE 204				<u>987</u> 4		MIGHT CI			_	
MARCO ISLAND FL 34145					404	<u> </u>	Zin C	ode —		
			į	City M	ANO I	SLAND	FL 399	YYJ		
8. The above	named entity submits this statement for t	he purpose of changing its r	egistere	d office or	registered ag	ent, or both, in the State of Flo	orida.			
	To Albury						Od. 5 200	00		
SIGNATURE	Signature, typed or printed name of registered sent and	title if applicable. (NOTE:	Registered	Agent signatu	re required when re	einstating)	DATE			
O This orn	pration is eligible to satisfy its Intangible	FILE NOW!!	LEFE.	S-8150-0	n				 	
Tax filing r	equirement and elects to do so.	After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			50.00 of State	10. Election Campaign Fir Trust Fund Contribution	n. 🗆 Add	ded to Fees		
11.	OFFICERS AND D		12.			DDITIONS/CHANGES TO OFF				
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CITY-ST-ZIP		his filing does not available		ST-ZIP	nd in Cartie	410.07(9)(i) Florido Statuto	I further cortification that the	na informatia		
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the content of the conte	rue and accurate and that made to execute this report a that all other like empowered.	y signati is requir	ure shall ha ed by Chal	ave the same oter 607, Flori	legal effect as it made under older of the statutes; and that my name	oath; that I am an offic le appears in Block 11	cer or directo 1 or Block 12	or I	
Changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED ON PRIJITED NAME OF SIGNING OFFICER OR DIRECTOR Diffe Description Descripti										