

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V06229

1. Entity Name

TSCHIRGI INVESTIGATIONS, INC.

FILED

May 01, 2001 8:00 am
Secretary of State

05-01-2001 90053 004 ***150.00

Principal Place of Business

37 N. ORANGE AVE.
SUITE 410
ORLANDO FL 32801
US

Mailing Address

37 N. ORANGE AVE.
SUITE 410
ORLANDO FL 32801
US

2. Principal Place of Business

320 N. MAGNOLIA AVE.

3. Mailing Address

320 N. MAGNOLIA AVE.

Suite, Apt. #, etc.

B-7

Suite, Apt. #, etc.

B-7

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

4. FEI Number

59-3103392

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TSCHIRGI, ALAN SR
37 N. ORANGE AVE.
SUITE 410
ORLANDO FL 32801

Name

ALAN TSCHIRGI SR.

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

320 N. MAGNOLIA AVE. Suite B-7

City

ORLANDO

FL

32801

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

Alan Tschirgi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TSCHIRGI, ALAN SR
STREET ADDRESS 37 N. ORANGE AVENUE, SUITE 850
CITY-ST-ZIP ORLANDO FL 32801

☐ Delete

TITLE
NAME ALAN TSCHIRGI SR.
STREET ADDRESS 320 N. MAGNOLIA AVE. Suite B-7
CITY-ST-ZIP ORLANDO FL 32801

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

Alan Tschirgi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2001 (407) 872-1272

Date Daytime Phone #

CR2E034 (10/00)