2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

326228 DOCUMENT

1. Entity Name

TUFF REALTY CORPORATION



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90204 030 ***150.00

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Principal Place of Business 606 EAST CHAPMAN AVENUE. SUITE 201 ORANGE CA 92866-1601 US			Mailing Address P.O. BOX 458 ORANGE CA 92856-6458				1 120100 11110 11210 01110 11210 11200 11200 12211 01211 01211 01211 01211 01211 01211 01211 01211 01211				
2. Principal Place of Business						-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 59-1974264			applied For lot Applicable	
Country Zip			······································	Country			Certificate of Status Desired		8.75 Ad	ditional	
6. Name and	Address of Current	t Registere	ed Agent			7. 1	Name and Address of New Re		•	•	
					Name		•				
CT CORPORATION SYSTEM					Street Addre						
h pine islan	D ROAD				Sileet Addie	185 (F.O. D					
N FL 33324					,						
					City			FL	Zip Coo	de	
amed entity sub	mits this statement fo	or the purp	ose of changing its	registere	ed office or regi	stered ag	jent, or both, in the State of Flor	ida. I am fa	miliar with,	and accept	
gnature, typed or print	ed name of registered agent	and title if app	licable. (NOTE	E: Registered	Agent signature req	uired when re	einstating)	DATE			
/lay 1, 2003 Fe	e will be \$550.00									00 May Be d to Fees	
			RS	11.		AD	DITIONS/CHANGES TO DEFIC	YERS AND F	NDECTOR	Q INI 11	
D							DOMONO CHANGES TO OFFIC				
ITLE PD Delete CAIAZZA, PASQUALE P JR TREET ADDRESS ITY-ST-ZIP ORANGE CA 92866-1601					T ADDRESS			ι] Gliange	☐ Addition	
STD Delete CARACCI, JOHNEAN K 606 EAST CHAPMAN AVENUE, SUITE 201 ORANGE CA 92866-1601				NAME STREE	T ADDRESS	***		[☐ Change	☐ Addition	
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	MAN AVENUE. S 366-1601 Ce of Business etc. Co 6. Name and RATION SYSTI H PINE ISLAN N FL 33324 amed entity subits of registered or printe E NOW!!! FE lay 1, 2003 Fe layable to Floi DAIAZZA, PASO 06 EAST CHA RANGE CA 92 TD ARACCI, JOHI 06 EAST CHA	Country Cou	MAN AVENUE. SUITE 201 P.O. ORAI Ge of Business Ge of Business Getc. City Country Zip G. Name and Address of Current Registers RATION SYSTEM H PINE ISLAND ROAD N FL 33324 Amed entity submits this statement for the purpos of registered agent. PROMITY THE ISLAND ROAD AMEDIAN SYSTEM H PINE ISLAND ROAD N FL 33324 Amed entity submits this statement for the purpos of registered agent. PROMITY FEE IS \$150.00 DAIAY 1, 2003 Fee will be \$550.00 DAIAYZA, PASQUALE P JR DAIAZZA, PASQUAL	MAN AVENUE. SUITE 201 B86-1601 P.O. BOX 458 ORANGE CA 92856-6458 Ce of Business Suite, Apt. #, etc. City & State Country Zip B. Name and Address of Current Registered Agent RATION SYSTEM If PINE ISLAND ROAD In FL 33324 Amed entity submits this statement for the purpose of changing its is of registered agent. ENOW!!! FEE IS \$150.00 Iay 1, 2003 Fee will be \$550.00 ayable to Florida Department of State OFFICERS AND DIRECTORS D AIAZZA, PASQUALE P JR DB EAST CHAPMAN AVENUE, SUITE 201 RANGE CA 92866-1601 TD Delete Delete Delete Delete	MAN AVENUE. SUITE 201 P.O. BOX 458 ORANGE CA 92856-6458 Ce of Business atc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country Zip Country ARTION SYSTEM IPINE ISLAND ROAD IN FL 33324 Amed entity submits this statement for the purpose of changing its registered so fregistered agent. When the statement for the purpose of changing its registered so fregistered agent and talle if applicable. (NOTE: Registered E NOW!!! FEE IS \$150.00 Interval, byted or printed name of registered agent and talle if applicable. OFFICERS AND DIRECTORS Delete TITLE ARACCI, JOHNEAN K DE EAST CHAPMAN AVENUE, SUITE 201 RANGE CA 92866-1601 TO Delete TITLE ARANGE CA 92866-1601 Delete TITLE NAME STREE CITY- Delete TITLE TITLE NAME STREE CITY- Delete TITLE TITLE NAME STREE CITY- Delete TITLE TITLE	MAN AVENUE. SUITE 201 P.O. BOX 458 ORANGE CA 92856-8458 3. Mailing Address etc Suite, Apt. #, etc. City & State Country Zip Country Zip Country 8. Name and Address of Current Registered Agent Name PATION SYSTEM H PINE ISLAND ROAD N FL 33324 City amed entity submits this statement for the purpose of changing its registered office or regists of registered agent. (NOTE Registered Apent signature received by 1, 2003 Fee will be \$550.00 lay 1,	MAN AVENUE. SUITE 201 P.O. 80X 458 ORANGE CA 92856-6458 ace of Business 3. Mailing Address atc. Suite, Apt. 4f, etc. City & State 4. Country Zip Country Zip Country 5. 6. Name and Address of Current Registered Agent 7. Name ATION SYSTEM I PINE ISLAND ROAD N FL 33324 City City City Amend entity submits this statement for the purpose of changing its registered office or registered agent as of registered agent. (NOTE: Registered Agent signature required when a purpose of changing its registered Agent signature required when a purpose of changing its registered Agent signature required when a purpose of changing its registered Agent signature required when a purpose of changing its registered Agent signature required when a purpose of changing its registered Agent signature required when a purpose of changing its registered Agent signature required when a purpose of changing its registered Agent signature required when a purpose of registered Agent signature required agent and tall it applicable. [NOTE: Registered Agent signature required when a purpose of changing its registered Agent signature required agent and tall it applicable. [NOTE: Registered Agent signature required when a purpose of changing its registered Agent signature required agent and tall it applicable. [NOTE: Registered Agent signature required agent and tall it applicable. [NOTE: Registered Agent signature required agent and tall it applicable. [NOTE:	MAN AVENUE. SUITE 201 P.O. 80X 498 ORANGE CA \$2856-6459 De of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Re Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) IF L 33324 City City City City City City City Image: Address (P.O. Box Number is Not Acceptable) IF L 33324 City City City Image: Address (P.O. Box Number is Not Acceptable) IF L 33324 City City Image: Address (P.O. Box Number is Not Acceptable) IF L 33324 City City Image: Address (P.O. Box Number is Not Acceptable) IF L 33324 City Ci	AND ARTHUE. SUITE 201 ORANGE CA \$2856-458 3. Mailing Address etc. Suito, Apt. e, etc. City & State 4. FEI Number 59-1974264 Country Zip Country 5. Certificate of Status Desired Status	MAN NEFAUE. SUITE 201 P.O. 80X 458 GRANGE CA 50856-6458 3. Mealing Address ofc. Suito, Apt. #, etc. Chy & State State State Chy & State Chy & State State State State State Chy & State State State Chy & State State State State State Chy & State State State Chy & State State State State Chy & State State State Chy & State State State State Chy & State State State State Chy & State State State State Chy & State State State State Chy & State State State State Chy & State State Chy & State State Chy & State Stat	

indicated on this report or supplemental report is true and scale 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GFRENCE OR DIRECTOR Date Daytime Phone #