

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J99347

1. Entity Name

OCTOFOIL GROUP, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90320 017 ***150.00

Principal Place of Business

Mailing Address

1901 N. 13TH STREET
SUITE 100
TAMPA FL 33605
US

1901 N. 13TH STREET
SUITE 100
TAMPA FL 33605-3612
US

2. Principal Place of Business

3. Mailing Address

P.O. BOX 24016

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FL

4. FEI Number

59-3396450

Applied For

Not Applicable

Zip

Country

Zip

Country

33623

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

CAREY, MICHAEL R.
712 S. OREGON AVE.
TAMPA FL 33-6065

Name

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

City

FL

Zip Code

33606

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

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 PD
NAME STANTON, JOHN
STREET ADDRESS 1901 N. 13TH STREET, SUITE 100
CITY-ST-ZIP TAMPA FL 33605

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

813-310-4898

CR2E034 (9/99)