

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90294 039 \*\*\*150.00

DOCUMENT # **P96000028731**  
 1. Entity Name: **LOU TUFANO CUSTOM WOODWORKING INC.**

*NO NAME CHG*  
*him*

Principal Place of Business Mailing Address  
**2591 D FORSYTH RD**  
**ORLANDO FL 32807**

**00070412**

2. Principal Place of Business **SAME.**  
 3. Mailing Address  
 Suite, Apt. #, etc. **D**  
 City & State  
 Zip **32807** Country **ORANGE** Zip **32807** Country

4. FEI Number Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LOUIS TUFANO**  
**932 N CR 13 ORLANDO**  
**FL 32820 HOME**

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

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!!**  
**After MAY 1, 2001**  
**Fee IS \$150.00**  
**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	<b>PRES &amp; OWNER</b> <b>LOUIS TUFANO DBA.</b> <b>2591 D FORSYTH RD</b>	<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
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
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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 I am the officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other state empowered.

SIGNATURE: *Louis Tufano* **5/21/01** **407 677 5700**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)