

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90015 045 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 352487			
1. Entity Name TUFLEX MANUFACTURING CO.			
Principal Place of Business 1406 S W 8TH STREET POMPANO BCH FL 33069		Mailing Address 1406 S W 8TH STREET POMPANO BCH FL 33069	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1271177		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAYWARD, THOMAS A. 1701 S.W. 68TH AVENUE PLANTATION, FL PLANTATION FL 33317			
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 _____ 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, 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			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	SAYWARD, THOMAS A.	1701 S.W. 68TH AVENUE	PLANTATION FL
PD	GRASSO, BARBARA	2419 LEE STREET	HOLLYWOOD, FL 00000
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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: <u>Barbara Grasso</u> CORP. SECRETARY <u>1/3/01</u> <u>(954) 785-6402</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/00)