

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90066 026 ***150.00

DOCUMENT # 621038

1. Entity Name
TIKI ALUMINUM PRODUCTS, INC.



Principal Place of Business
**990 N.W. 13TH TERRACE
FT LAUDERDALE FL 33311**

Mailing Address
**990 N.W. 13TH TERRACE
FT LAUDERDALE FL 33311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1919888**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PFISTER, THOMAS
1327 PORTO PINO CIR
FORT LAUDERDALE FL 33326**

Name **PFISTER, THOMAS**
Street Address (P.O. Box Number is Not Acceptable)
14303 SW 16 CT
City **DAVIE** FL Zip Code **33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **WADE, KENNETH A.**
STREET ADDRESS **1049 VAN BUREN STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **P** ☐ Delete
NAME **PFISTER, THOMAS**
STREET ADDRESS **1327 PORTO PINE CIR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

TITLE **P** ☒ Change ☐ Addition
NAME **PFISTER, THOMAS**
STREET ADDRESS **14303 SW 16 CT**
CITY-ST-ZIP **DAVIE, FL 33325**

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS PFISTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03 **(954) 463-8441**
Date Daytime Phone #

CR2E034 (10/02)