

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 637743

1. Entity Name

T & A GUN REFINISHING, INC.

Principal Place of Business

Mailing Address

4149 EAST 10TH ST
4149 EAST 10TH CT
HIALEAH FL 33013
US

4149 EAST 10TH ST
4149 E 10TH CT
HIALEAH FL 33013
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1941442

Applied For

Not Applicable

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

HARTILL, AGNES
3901 NE 25TH
LIGHTHOUSE POINT FL 33064

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME HARTILL, AGNES
STREET ADDRESS 3901 NE 25 AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME HARTILL, THOMAS
STREET ADDRESS 3901 N.E. 25TH AVE.
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

305681-1684

Daytime Phone #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90144 001 ***150.00

04-18-2001 90144 002 *****8.75

37000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

Attachment DOC# 637743
37000

new address is

Thomas Hartill

9848 Mauna Bld

Poona Potor, H 33428-6662

Greer Hartill

9848 Mauna Bld

Poona Potor, H 33428-6662