

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28/2003-91345-043-\$150.00-\$150.00

0024863 AT

|                |   |
|----------------|---|
| DOCUMENT #     | F01000000123  |
| 1. Entity Name | ASTRO TEXTILE HOLDINGS, INC.<br><i>TEXTILE HOLDINGS, INC.</i> |



**FILED**

03 JUN -4 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*AL 6/9*



|  |  |
|--|--|
| Principal Place of Business<br>ROME ROAD<br>ACWORTH GA 30102 | Mailing Address<br>PO BOX 2375<br>ACWORTH GA 30102 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>2201 4TH AVENUE NORTH</i> | 3. Mailing Address<br><i>2201 4TH AVENUE NORTH</i> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                                |

☒ CHECK HERE IF MAKING CHANGES

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><i>LAKE WORTH FL.</i> | City & State<br><i>LAKE WORTH FL.</i> |
| Zip<br><i>33461</i>                   | Country<br><i>U.S.A.</i>              |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><i>13-3980624</i> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                |
|--|--------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|--------------------------------|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br><i>NIMROD NATAN</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>2201 4TH AVENUE NORTH</i><br>City<br><i>LAKE WORTH</i> FL Zip Code<br><i>33461</i> |
|---|---|

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]*  
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/23/03*

**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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>ST</i><br><i>WIRSCH, STEPHEN J</i><br><i>2201 4TH AVE NORTH</i><br><i>LAKE WORTH FL 33461</i>       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>P</i><br><i>NIMROD, NATAN</i><br><i>2201 4TH AVE NORTH</i><br><i>LAKE WORTH FL 33461</i>            | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>CD</i><br><i>MCCORMICK, DENNIS</i><br><i>TWO GREENWICH OFFICE PARK</i><br><i>GREENWICH CT 06831</i> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |                      |  |
|--|----------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>NATAN, NIMROD</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/23/03*  
Date

*561 646 633*  
Daytime Phone #

CR2E034 (10/02)