2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000001408

1. Entity Name
TUBEX, INC.

Principal Place of Business	Mailing Address
INDUSTRIAL AIR PARK P.O. BOX 1547 LOUISA, VA 23093-1547	INDUSTRIAL AIR PARK P.O. BOX 1547 LOUISA, VA 23093-1547

02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1344596
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2008 Fee will be $550.00

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

000000859761
04/02/08-00035-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SCOTT, DAN H
STREET ADDRESS	INDUSTRIAL AIR PARK, P.O. BOX 1547
CITY-ST-ZIP	LOUISA, VA 23093
TITLE	DV
NAME	CHAVES, JOSE
STREET ADDRESS	PO BOX 1547
CITY-ST-ZIP	LOUISA, VA 23093
TITLE	TD
NAME	JONSSON, DENNIS
STREET ADDRESS	S-244 02 FURULUND
CITY-ST-ZIP	SWEDEN,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dan H. Scott DAN H. SCOTT 12 MAR 08 540.967.0733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #