

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001604

1. Entity Name

TERMI-MESH USA INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90095 040 \*\*\*150.00

Principal Place of Business

Mailing Address

48 CENTURY RD  
MALAGA, WESTERN AUSTRALIA 6090  
WA

P. O. BOX 2466  
MALAGA, WESTERN AUSTRALIA 6944  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

YADLEY, GREGORY C  
101 E. KENNEDY BLVD., STE 2800  
TAMPA FL 33602

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, 2000 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 PD ☐ Delete  
NAME TOUTOUNTZIS, VASILIOS  
STREET ADDRESS 4 NERIDA PLACE  
CITY-ST-ZIP SORRENTO, WESTERN AUSTRALIA

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS 47 LANFORD WAY  
CITY-ST-ZIP HILLARYS WESTERN AUSTRALIA 6025

TITLE D ☐ Delete  
NAME TOUTOUNTZIS, AGAPI  
STREET ADDRESS 4 NERIDA PLACE  
CITY-ST-ZIP SORRENTO, WESTERN AUSTRALIA

☒ Change ☐ Addition  
TITLE ☐ Delete  
NAME  
STREET ADDRESS 47 LANFORD WAY  
CITY-ST-ZIP HILLARYS WESTERN AUSTRALIA 6025

TITLE CD ☐ Delete  
NAME YANAGIDA, ROKUTERU  
STREET ADDRESS 4-47 MUROMACHI, IKEDA-CITY  
CITY-ST-ZIP OSAKA JA 563-0

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

TITLE STD ☐ Delete  
NAME MATSUKI, YOSHIO  
STREET ADDRESS 6-15 HIGASHI YAMA-CHO KOYDEN  
CITY-ST-ZIP NISHINOMIYA JA

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

TITLE AS ☐ Delete  
NAME YADLEY, GREGORY C  
STREET ADDRESS 101 E KENNEDY BLVD., STE 2800  
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE ☐ Delete  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)