

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90212 003 ***150.00

DOCUMENT # J29691

1. Entity Name

TRU-MENSION MANUFACTURING, INC.

Principal Place of Business

**1885 ARMSTRONG DRIVE
 TITUSVILLE FL 32780
 US**

Mailing Address

**1885 ARMSTRONG DRIVE
 TITUSVILLE FL 32780-7947
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2724949**

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

**MARC FISHER
 1160 BAYMEADOWS DRIVE
 TITUSVILLE FL 32796**

Name **KOCH, RICHARD**
 Street Address (P.O. Box Number is Not Acceptable) **3676 ALAN DR.**
 City **TITUSVILLE** FL Zip Code **32780**

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 **MARC J FISHER**
 Signature, typed or printed name of registered agent and title if applicable

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

4/15/00
 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 ☐ Delete
 NAME **DVP**
 STREET ADDRESS **KOCH, RICHARD**
 CITY-ST-ZIP **3676 ALAN DRIVE**
TITUSVILLE FL

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

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **KOCH, WALTER**
 CITY-ST-ZIP **481 FERN STREET**
TITUSVILLE FL

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

TITLE ☒ Delete
 NAME **DP**
 STREET ADDRESS **FISHER, MARC**
 CITY-ST-ZIP **1160 BAYMEADOWS DR**
TITUSVILLE FL

TITLE ☒ Change ☐ Addition
 NAME **RETIRED 12/31/98**
 STREET ADDRESS **FISHER, MARC**
 CITY-ST-ZIP **1160 BAYMEADOWS DR.**
TITUSVILLE, FL 3278096

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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]** **MARC J FISHER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
 Date

321-269-5379
 Daytime Phone #