

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90076 040 \*\*\*158.75

**DOCUMENT # K79195**

1. Entity Name

**TUFF T'S, INC.**

Principal Place of Business

Mailing Address

**GROW DRIVE  
PENSACOLA FL 32514**

**8826 GROW DRIVE  
PENSACOLA FL 32514-7050**

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 **59-2943581**

Applied For  
Not Applicable

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

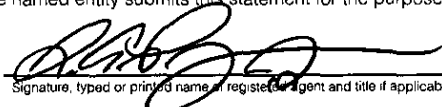
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENTER, WILLIAM A  
8826 GROW DRIVE  
PENSACOLA FL 32514**

Name **M. Danny Robertson, C.O.O.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8826 Grow Drive**  
City **Pensacola FL** Zip Code **32514**

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 

(NOTE: Registered Agent signature required when reinstating)

**4/26/00**  
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	DCS	<input type="checkbox"/> Delete
NAME	PENNINGER, SAMUEL A JR.	
STREET ADDRESS	8826 GROW DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	PRES.	<input checked="" type="checkbox"/> Delete
NAME	KENTER, WILLIAM A	
STREET ADDRESS	8826 GROW DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PEOPLES, JAMES D	
STREET ADDRESS	8826 GROW DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DANIELLE, DINA M	
STREET ADDRESS	8826 GROW DR	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vickie M. Williams	
STREET ADDRESS	8826 Grow Drive	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE	C.O.O.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	M. Danny Robertson	
STREET ADDRESS	8826 Grow Drive	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/00**  
Date

**850-478-6500**  
Daytime Phone #

11:14 (9/99)