2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
04-27-2001 90286 009 ***150.00

DOCUMENT # M51569

1. Entity Name
TINTMAN, INC.

Principal Place of Business	Mailing Address
3231 COCOPLUM CIR COCONUT CREEK FL 33066	3231 COCOPLUM CIR COCONUT CREEK FL 33066

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
~~3231 Cocoplum Cir~~		23378 SW 57th Ave #205	
Suite, Apt. #, etc. 23378 SW 57th Ave #205		Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33428	Country USA	Zip 33428	Country USA

4. FEI Number 59-2817321 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FERRARA, PHILIP J.
3231 COCOPLUM CIR
COCONUT CREEK FL 33066

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 23378 SW 57th Ave #205
City Boca Raton, FL FL Zip Code 33428

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P FERRARA, PHILIP 3231 COCOPLUM CIR COCONUT CREEK FL 33066 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 23378 SW 57th Ave #205 Boca Raton FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/19/01 954-428-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)