

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91528 036 ***150.00

DOCUMENT # m 51569 5
1. Entity Name
Tintman, Inc

DO NOT WRITE IN THIS SPACE

644064

2. Principal Place of Business
249 NW 48th Ave
Suite, Apt. #, etc.

3. Mailing Address
249 NW 48th Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Deerfield Beach, FL

City & State
Deerfield Beach, FL

Zip
33442 Country
USA

Zip
33442 Country
USA

4. FEI Number
59-2817321

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Philip Ferraro

Street Address (P.O. Box Number is Not Acceptable)
249 NW 48th Ave

City
Deerfield Beach FL Zip Code
33442

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]
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres Philip Ferraro 249 NW 48th Avenue Deerfield Beach FL 33442</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/22/02 954-428-6900
Daytime Phone #

CR2E034B (12/01)