## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 07, 2003 8:00 am Secretary of State M93735 DOCUMENT # 03-07-2003 90131 040 \*\*\*150.00 1. Entity Name FILCO/USA, INC. Principal Place of Business Mailing Address 10032911 4508 BAY TO BAY BLVD 4508 BAY TO BAY BLVD **TAMPA FL 33629** TAMPA FL 33629 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2903182 Applied For Zip Not Applicable Country Country 5. Certificate of Status Desired \_\_\_\_\_ Fee Required \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATRIALCO TOMSIC, J.J. 4508 BAY TO BAY BLVD **TAMPA FL 33629** 33629 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TIPLE CR2E034 (10/02) TOMSIC J.J. NAME K. A. PATAIA RCO STREET ADDRESS 4508 BAY TO BAY BLVD STREET ADDRESS 4508 BAY TO BAY BLUD. CITY-ST-ZIP TAMPA FL: 33629 CITY-ST-ZIP TAMPA, FL 33629 TITLE ☐ Delete TITLE ☐ Change I Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if

**FILED** 

## Attachment 10032911 #M93735

FILCO/USA, INC.	(813) 831-1133 (813) 902-0999 fax
Specialists In Ergonomics" 4508 Bay to Bay Blvd. W. Tampa, FL 33629-6503 U.S.A.	
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