

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2001 8:00 am**  
**Secretary of State**

07-16-2001 90003 024 \*\*\*150.00

000977 AV

**DOCUMENT # P00000026680**

1. Entity Name  
**ARGONIDE PROPERTIES, INC.**



Principal Place of Business  
**240 POWER CT., SUITE 108**  
**SANFORD FL 32771**

Mailing Address  
**240 POWER CT., SUITE 108**  
**SANFORD FL 32771**

**CUU73477**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**291 Power Ct.**

3. Mailing Address

**291 Power Ct.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SANFORD, FL**

City & State

**SANFORD, FL**

4. FEI Number

**59-3645361**

Applied For

Not Applicable

Zip

**32771**

Country

**US**

Zip

**32771**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TEPPER, FREDERICK**  
**240 POWER CT., SUITE 108**  
**SANFORD FL 32771**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>TEPPER, FREDERICK</b> <b>240 POWER CT., SUITE 108</b> <b>SANFORD FL 32771</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/6/01**  
 Date

**407-322-2500**  
 Daytime Phone #

CR2E034 (5/01)

Argonide Properties, Inc.  
291 Power Court  
Sanford, Florida 32771

Attachment  
#P00000026480

407-322-2500 ph.  
407-322-1144 fax  
EIN # 59-3645361

C0073477

July 6, 2001

To Whom It May Concern:

There was an error on the mailing address of our 2001 Uniform Business Report. We never received the original form to submit with our payment. The 60 day notice of revocation was received after it was forwarded to our address (I enclosed a copy of this form, and you can see the address is wrong). Our other corporation (Argonide Corporation) has the same mailing address as Argonide Properties, and we received the 2001 UBR and payment was rendered on time.

I am enclosing a check for the original \$150 filing fee, since this error was not our fault.

Best regards,

Frederick Tepper

*Frederick Tepper*  
President

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000054861**

1. Entity Name

**THE ARGONIDE CORPORATION**

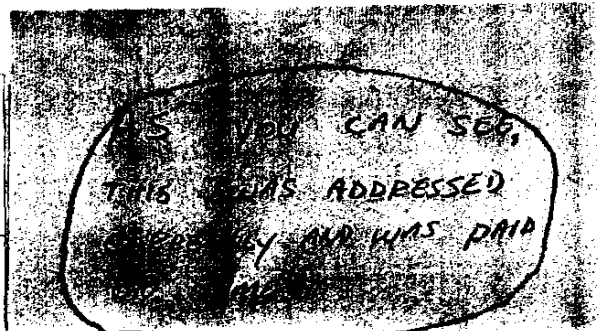
*CDO 13477*

Principal Place of Business

**201 POWER COURT  
SANFORD FL 32771-9530**

Mailing Address

**201 POWER COURT  
SANFORD FL 32771-9530**



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 **25-1753847**

Applicable  
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

**TEPPER, FREDERICK  
201 POWER CT  
SANFORD FL 32771-9530**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

I. 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 of person in printed name of entity (check agent and board if applicable)

NOTE: Registered Agent signature required when changing agent.

3. 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**

1. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If any)	
TITLE	<b>PO</b>	TITLE	
NAME	<b>TOPPER, FREDERICK</b>	NAME	
STREET ADDRESS	<b>201 POWER CT</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>SANFORD FL 32771</b>	CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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, before a duly sworn officer 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 1 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Frederick Tepper*

4-26-01

407-322-2500