

FILED
Aug 13, 2001 8:00 am
Secretary of State

07-31-2001 90002 010 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000062673

1. Entity Name

JDF TOOL AND DIE, INC.

Principal Place of Business

4500 HURON RD.
ST. PETERSBURG FL 33708

Mailing Address

4500 HURON RD.
ST. PETERSBURG FL 33708

2. Principal Place of Business

6399 14th AVENUE W.

3. Mailing Address

Suite, Apt. #, etc.

108

Suite, Apt. #, etc.

City & State

CLEARWATER

City & State

Zip

33760

Country

Zip

Country

4. FEI Number

59-3665556

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEFILIPPI, JIMMY

4500 HURON RD.

ST. PETERSBURG FL 33708

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

TITLE NAME PRESIDENT, SECRETARY & TREASURER ☐ DeleteJAMES DEFILIPPI
4500 HURON RD.
ST. PETERSBURG, FL 33708TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/01

(727) 531-8927

CR2E034 (5/01)