

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State
 04-26-2002 90003 039 ***150.00

DOCUMENT # P00000062673

1. Entity Name
JDF TOOL AND DIE, INC.

Principal Place of Business
6399 142ND AVENUE NORTH. #108
CLEARWATER FL 33760

Mailing Address
6399 142ND AVENUE NORTH. #108
CLEARWATER FL 33760

2. Principal Place of Business
9901 1st East

3. Mailing Address
9901 1st East

Suite, Apt. #, etc.
Unit A

Suite, Apt. #, etc.
Unit A

City & State
Treasure Island, FL

City & State
Treasure Island, FL

4. FEI Number
59-3665556

Applied For
 Not Applicable

Zip
33706

Zip
33706

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

6. Name and Address of Current Registered Agent

DEFILIPPI, JIMMY
4500 HURON RD.
ST. PETERSBURG FL 33708

7. Name and Address of New Registered Agent

Name **James DeFilippi**
 Street Address (P.O. Box Number is Not Acceptable)
9901 1st Street East
Unit A
 City **Treasure Island** FL Zip Code **33706**

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 **James DeFilippi** **James DeFilippi** **2/21/02**
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, 2002 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

TITLE **PST** ☒ Delete
 NAME **DEFILIPPI, JAMES**
 STREET ADDRESS **4500 HURON ROAD**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **JAMES DeFilippi**
 STREET ADDRESS **9901 1st Street East Unit A**
 CITY-ST-ZIP **Treasure Island, FL 33706**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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: **James DeFilippi**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02
Date

Daytime Phone #

0455747 AV

CR2E034 (9/01)