

FILED
Apr 28, 2003 8:00 am
Secretary of State


04-28-2003 91394 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

90110969



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P00000062673																																																																																																															
1. Entity Name JDF TOOL AND DIE, INC.																																																																																																															
Principal Place of Business 9901 1ST EAST UNIT A SAINT PETERSBURG, FL 33706		Mailing Address 9901 1ST EAST UNIT A SAINT PETERSBURG, FL 33706																																																																																																													
2. Principal Place of Business 5681 ZIP Drive		3. Mailing Address 5681 ZIP Dr.																																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																													
City & State Fort MYERS FL		City & State Fort MYERS FL																																																																																																													
Zip 33905		Zip 33905																																																																																																													
Country US		Country US																																																																																																													
4. FEI Number 59-3665556		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																															
6. Name and Address of Current Registered Agent DEFILIPPI, JAMES 9901 1 STREET EAST UNIT A SAINT PETERSBURG, FL 33706		7. Name and Address of New Registered Agent James DeFilippi 5681 ZIP Drive Fort MYERS FL 33905																																																																																																													
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 the obligations of registered agent. SIGNATURE: James DeFilippi 4/21/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when reinstating) DATE</small>																																																																																																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																													
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																													
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.																																																																																																															
SIGNATURE: James DeFilippi		4/24/03 239-694-5900																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																																																																																													

CR2E034 (10/02)