## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 07, 2002 8:00 am Secretary of State P01000012858 DOCUMENT # 1. Entity Name 05-07-2002 90037 001 \*\*\*\*\*8.75 T AND A PRODUCTS, INC. 05-07-2002 90037 002 \*\*\*150.00 Principal Place of Business Mailing Address 120 S.E. 11TH ST. 120 S.E. 11TH ST. POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business 3. Mailing Address 164 SW 4TH TERRACE SAME Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE Number 1095025 Applied For POMPANO BEACH, FL. Not Applicable Zip 33060 Country \$8.75 Additional 5. Certificate of Status Desired -6. -Name and Address of Current Registered Agent -7.- Name and Address of New Registered Agent -- --ARMSTRONG, WALTER D Street Address (P.O. Box Number is Not Acceptable) SW 475 TEPPACE 120 S.E. 11TH ST. POMPANO BEACH FL 33060 POMPANO BEACH 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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation seligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition ARMSTRONG, WALTER D NAME NAME 120 S.E. 11TH ST. 1164 SW 4Th TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TELLER; CRAIG A NAME NAME 1164 SW 4Th TERRIER 120 S.E. 11TH ST. STREET ADDRESS STREET ADDRESS POMPANO BEACH, FL - 33060 - Change CITY-ST-ZIP POMPANO BEACH FL 33060 CITY-ST-ZIP TITLE . Delete \_ .\_ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED