

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90139 043 ***158.75

DOCUMENT # P01000051366

1. Entity Name

STRICTLY TILT INC



Principal Place of Business

9398 DOMINICAN DR
MIAMI FL 33189

Mailing Address

9398 DOMINICAN DR
MIAMI FL 33189

2. Principal Place of Business

21474 SW 88 PLACE

Suite, Apt. #, etc.

3. Mailing Address

21474 SW 88 PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33189

Country

USA

Zip

33189

Country

USA

4. FEI Number

65-1113360

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DELLA-MARIE, FOSTER C

9398 DOMINICAN DR

MIAMI FL 33189

7. Name and Address of New Registered Agent

Name
DELLA-MARIE FOSTER

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

21474 SW 88 PLACE

City

MIAMI

FL

Zip Code

33189

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

DELLA-MARIE FOSTER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/03

DATE

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.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME FOSTER, DELLA-MARIE C

STREET ADDRESS 9398 DOMINICAN DR

CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Delete

NAME FOSTER, STEPHEN C

STREET ADDRESS 9398 DOMINICAN DR

CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME FOSTER, DELLA-MARIE C

STREET ADDRESS 21474 SW 88 PLACE

CITY-ST-ZIP MIAMI, FL 33189

TITLE ☒ Change ☐ Addition

NAME FOSTER, STEPHEN C

STREET ADDRESS 21474 SW 88 PLACE

CITY-ST-ZIP MIAMI, FL 33189

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

DELLA-MARIE FOSTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/03
PRESIDENT DELLA MARIE FOSTER 305 259 6000

Date

Daytime Phone #

CR2E034 (10/02)