

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

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90164 024 \*\*\*150.00

DOCUMENT # P01000076284

1. Entity Name

TREAD BLASTER MARKETING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3270 Sedge Pl.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

4. FEI Number

65-1127033

Applied For

Not Applicable

Zip

34105

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Stan Lipp

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

3270 Sedge Place

City

Naples,

FL

Zip Code

34105

**DO NOT WRITE  
IN THIS SPACE**

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, or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Stan Lipp, President

8 April 2002

9. This corporation is eligible to satisfy its annual  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President and Treasurer

NAME Stan Lipp

STREET ADDRESS 3270 Sedge Place

CITY-ST-ZIP Naples, FL 34105

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Vice-President and Secretary

NAME Evelyn M. Lipp

STREET ADDRESS 3270 Sedge Place

CITY-ST-ZIP Naples, FL 34105

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Stan Lipp

Pres/Treas. 8 April 2002 941-649-5407

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Do Not Write: Pictures &