

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90060 033 ***150.00

DOCUMENT # P01000084404

1. Entity Name

TFIA CONSULTING, INC.

Principal Place of Business

**148 - 98TH AVENUE
 TREASURE ISLAND FL 33706**

Mailing Address

**148 - 98TH AVENUE
 TREASURE ISLAND FL 33706**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

119-99TH AVENUE #2

Suite, Apt. #, etc.

119-99TH AVENUE #2

City & State

TREASURE ISLAND, FL

City & State

TREASURE ISLAND, FL

Zip

33706

Country

US

Zip

33706

Country

US

4. FEI Number

39-3744978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM L

148 - 98TH AVENUE

TREASURE ISLAND FL 33706

7. Name and Address of New Registered Agent

Name

SMITH, WILLIAM L

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

119-99TH AVENUE #2

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

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

WILLIAM L. SMITH
 (NOTE: Registered Agent signature required when reinstating)

1/13/2002
 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	P	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM L	
STREET ADDRESS	148 - 98TH AVENUE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM L	
STREET ADDRESS	119-99TH AVENUE #2	
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

William L Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM L. SMITH

Date

Daytime Phone #

CR2E034 (9/01)