

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90089 045 ***150.00

0097090 AV

DOCUMENT # P01000118440

1. Entity Name
OCTOFOIL SYSTEMS, INC.



Principal Place of Business
**3110 FALKENBURG RD
TAMPA FL 33619**

Mailing Address
**3110 FALKENBURG RD
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-9756545**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLMICH, WALTER
3110 FALKENBURG RD
TAMPA FL 33619**

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

City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HOLMICH, WALTER
3110 FALKENBURG RD
TAMPA FL 33619** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 empowerment.

SIGNATURE:

Walter Holmich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter Holmich *9/9/03* *813-256*
Date Daytime Phone #

CR2E034 (4/03)

Attachment
90156505
PO1000118440

3110 Falkenburg Rd
Tampa, FL 33619

Octofoil Systems, Inc.

September 9, 2003

Florida Dept of State
Secretary of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

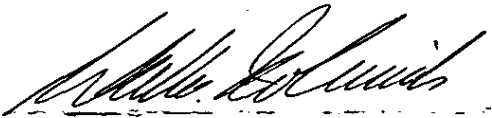
Dear Sirs:

Enclosed is the renewal for Octofoil Systems, Inc. for \$150.00. I have several corporations that I should have received your renewal and report form back in the spring of 2003. Instead, the first renewal form I received was the enclosed form showing that I owe the \$150.00 plus a penalty of \$400.00.

We respectfully request that the \$400.00 penalty be waived due to the fact we did not receive the first billing and report form from your office.

We may not have been looking for this form this past year, but I guarantee you that in the future, we will call your department by mid-April each year if we do not receive future billing & report forms.

Sincerely,



Walter Holmich