## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000070327

Address:

City-St-Zip:

11361 TRADE COURT

JACKSONVILLE, FL 32256

Entity Name: TECHNICAL FOAM CREATIONS, INC

FILED Apr 30, 2003 Secretary of State

Entity Nar	THE: TECHNICAL FOAM CREATIONS	s, INC.		
Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
	ADE COURT VILLE, FL 32256			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
	ADE COURT VILLE, FL 32256			
FEI Number:	FEI Number Applied For	( ) FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and	Address of Current Registered Age	ent: Name and Address o	Name and Address of New Registered Agent:	
9107 LOW	, SONYA V ERY VILLE, FL 32226	4724 SOÚTHERN PA	CLAUSS, CHANCE M 4724 SOUTHERN PACIFIC DR JACKSONVILLE, FL 32227	
	named entity submits this statement for e of Florida.	or the purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: CHANCE M. CLAUSS			04/30/2003	
	Electronic Signature of Register	red Agent	Date	
	npaign Financing Trust Fund Contribution( S AND DIRECTORS:	• •	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete CLAUSS, HARRY 11361 TRADE COURT JACKSONVILLE, FL 32256	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () Delete BROCK, ANTHONY 11361 TRADE COURT JACKSONVILLE, FL 32256	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	ST () Delete CLAUSS, LORRAINE	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: HARRY J. CLAUSS VP 04/30/2003