

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State
09-15-2003 90158 013 ***150.00

0140824 AT

DOCUMENT # P03000000109

1. Entity Name
TRANSFOAM INC.



Principal Place of Business
4102 S SAN MATEO DRIVE
NORTH PORT FL 34286

Mailing Address
4102 S SAN MATEO DRIVE
NORTH PORT FL 34286



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOTTEN, LESLIE
2805 TAMiami TRAIL
PUNTA GORDA FL 33950

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 *President* ☐ Delete
NAME *Kurt Hallenborg*
STREET ADDRESS *4102 S San Mateo Dr*
CITY-ST-ZIP *North Port, FL 34288*

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

TITLE *Vice President* ☐ Delete
NAME *Tracey Hallenborg*
STREET ADDRESS *4102 S San Mateo Dr*
CITY-ST-ZIP *North Port FL 34288*

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Kurt Hallenborg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/03
Date

941-423-0974
Daytime Phone #

CR2E034 (4/03)

Attachment #
80148388
PO3000000109
TRANSFOAM, INC
4102 S SAN MATEO DRIVE
NORTH PROT. FLORIDA 33952
PHONE: 941-426-3606
FAX: 941-429-8314

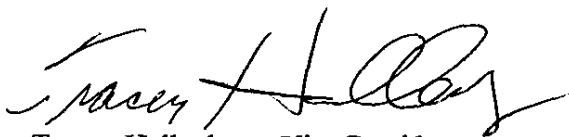
September 12, 2003

Florida Department of State
Divisions of Corporation
PO Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

I am writing this letter to request the late fee be waived and to inform you I did not receive prior notification by mail. I just received this notification in the mail today on September 12, 2003. I was under the understanding that my registered agent was take care of all correspondence. However they did not receive prior notification either. I also received an Uniformed Business report for another company at a totally different address and city. I sent it back to the Post Office. Obviously there is a problem with the Postal Service delivery of the reports. Thank you for your understanding.

Sincerely,


Tracey Hallenborg, Vice President.

