

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90106 037 \*\*\*158.75

**DOCUMENT # P93000016149**

1. Entity Name

**TOMMY TAPE MANUFACTURING, INC.**

Principal Place of Business

Mailing Address

**114 VENUS ST  
 UNIT #1  
 JUPITER FL 33458  
 US**

**P O BOX 555  
 PALM CITY FL 34991-0555  
 US**

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 **65-0390443**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMOOT, CHRISTOPHER  
 2521 SW RACQUETCLUB DR  
 PALM CITY FL 34990**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 11. OFFICERS AND DIRECTORS  |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| TITLE   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| PD<br>SMOOT, CHRISTOPHER S<br>2521 SW RACQUETCLUB DRIVE<br>PALM CITY FL 34990 | <input type="checkbox"/>        |   |   |
| SVP<br>SMOOT, SARAH M<br>2521 SW RACQUETCLUB DRIVE<br>PALM CITY FL 34990      | <input type="checkbox"/>        |   |   |
|   | <input type="checkbox"/>        |   |   |
|   | <input type="checkbox"/>        |   |   |
|   | <input type="checkbox"/>        |   |   |
|   | <input type="checkbox"/>        |   |   |

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:**

**SIGNATURE REQUIRED**

**CHRISTOPHER SMOOT / PRES.  
 3-29-00 (561) 223-1991**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)