2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

DOCUMENT # P9400039118 1. Entity Name BACKFLO TESTING COMPANY, INC.					Secretary of State 02-26-2002 90019 042 ***150.00			
Principal Place 1901 BEARVIE APOPKA FL 3 US		Mailing Address 1901 BEARVIEW DR APOPKA FL 32703 US						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State		4. F	FEI Number 59-3248788		pplied For ot Applicable	
Zip	· Country	Zip	Countr	у	5. (Certificate of Status Desired	S8.75 Ad	ditional
6. Name and Address of Current F		egistered Agent			7. Name and Address of New Registered Agent			
EOSSA I		Name						
FOSSA, LINDO 1901 BEARVIEW DRIVE APOPKA FL 32703				Street Address (P.O. Box Number is Not Acceptable)				
, , , , , , , , , , , , , , , , , , , ,			-	City			FL Zip Coo	le
8. The above	named entity submits this statement for	the purpose of changing its re	egistered	d office or registe	red ag	ent, or both, in the State of Florida	a.	
SIGNATURE								
	Signature, typed or printed name of registered agent a	<u> </u>		Agent signature require	d when re	einstating)	DATE	
Tax filing requirement and elects to do so After N			IOW!!! FEE IS \$150.00 1, 2002 Fee will be \$550.00 Payable to Department of Sta			10. Election Campaign Financ Trust Fund Contribution.	~~.,	00 May Be d to Fees
11.	OFFICERS AND DIRECTORS				AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD. FOSSA, LINDO JR. 1901 BEARVIEW DR APOPKA FL 32703	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS Del FOSSA, LINDO JR. 1901 BEARVIEW DR APOPKA FL 32703		TITLE NAME	ADDRESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Delete	TITLE NAME STREET	ADDRESS it-zip	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET	ADDRESS IT-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that my wered to execute this report as	[,] signatu	re shall have the	same I	legal effect as if made under oath	; that I am an officei	or director