

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000043503

1. Entity Name  
C.T.S. CUTTING TOOL SYSTEMS, INC.

FILED  
Jan 28, 2002 8:00 am  
Secretary of State

01-28-2002 90020 032 \*\*\*150.00

Principal Place of Business

2544 SW. 37th Terrace  
Cape Coral, FL 33914

Mailing Address  
CTS. Cutting Tool Systems Inc.  
2544 SW. 37th Terrace  
Cape Coral, FL 33914

2. Principal Place of Business

2544 SW. 37th TERRACE

3. Mailing Address

2544 SW 37th TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL - FLORIDA

Zip

33914

USA

Zip

33914

Country

USA

4. FEI Number

65-0492140

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BERNAROYO, ISACCO C

CTS. Cutting Tool Systems Inc.  
2544 SW. 37th Terrace  
Cape Coral, FL 33914

NEW ADDRESS

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

TITLE D  Delete  
NAME BERNAROYO, ISACCO C  
STREET ADDRESS 1573 GALLEON AVENUE  
CITY-ST-ZIP MARCO ISLAND FL 34145

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/2002 44-5413900  
Daytime Phone #

CR2E034 (9/01)