2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 07, 2000 8:00 am Secretary of State DOCUMENT # **P94000080255** TUFCO SYSTEMS OF THE SOUTHEAST, INC. 03-07-2000 90002 033 ***150.00 Principal Place of Business Mailing Address PO BOX 617 HIGHWAY 51 5.5 AL 35166 CHELSEA AL 35043-0617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3275986 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Mark Woolsey STEWART, ERNEST R Street Address (P.O. Box Number is Not Acceptable) 232 WINDWARD WAY c/o AllState Insurance Co NICEVILLE FL 32578 1845 E. John Sims Pkwy. Niceville 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. (NOTE. Registered Agent signature required when reinstating) DATE inted name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition TITLE ☐ Delete STEWART, ERNEST R NAME PO BOX 617 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHELSEA AL 35043 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE STEWART, VERONICA LOYCE NAME NAME PO BOX 617 N/A STREET ADDRESS STREET ADDRESS CHELSEA AL 35043 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition

SIGNATURE

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

02-15-00