

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State
03-16-2001 90048 006 ***150.00

DOCUMENT # P94000086588

1. Entity Name
TORPEDO, INC.

Principal Place of Business

**1335 HIGHLAND AVE
DUNEDIN FL 34698**

Mailing Address

**1335 HIGHLAND AVE
DUNEDIN FL 34698**

2. Principal Place of Business

1334 Spalding Rd

3. Mailing Address

1334 Spalding Rd

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

A

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3280706

Applied For

Not Applicable

Zip

34698

Country

Zip

34698

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHO-CHUNG-HING, ALFRED
1335 HIGHLAND AVE
DUNEDIN FL 34698**

Name

Street Address (P.O. Box Number is Not Acceptable)

1334 Spalding Rd, #A

City **Dunedin**

FL

Zip Code **34698**

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, 2001 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

TITLE **P** ☐ Delete
NAME **CHO-CHUNG-HING, ALFRED**
STREET ADDRESS **1335 HIGHLAND AVE**
CITY-ST-ZIP **DUNEDIN FL**

TITLE ☐ Change ☐ Addition
NAME **1334 Spalding Rd, #A**
STREET ADDRESS **Dunedin, FL 34698**
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **PORTER, PAUL**
STREET ADDRESS **7277 COUNTY RD 94**
CITY-ST-ZIP **LAFAYETTE AL**

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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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: *Alfred Chung-Hing*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A-CHO-CHUNG-HING

Date

3/14/01 727-733-228

Daytime Phone #

CR2E034 (10/00)