

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91235 033 ***158.75

DOCUMENT # P96000029283

1. Entity Name

TOTAL TOOL SERVICE, INC.

2. Principal Place of Business

460 Business Parkway
Suite, Apt. #, etc.
Suite F

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Address

460 Business Parkway
Suite, Apt. #, etc.
Suite F

City & State

Royal Palm Beach, FL

Zip

33411

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0658445

Applied For

Not Applicable

5. Certificate of Status Desired

X

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Kielar, David S.

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

460 Business Parkway

Suite F

City

Royal Palm Beach, FL

Zip Code

33411

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

David Kielar

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

(NO IL: Registered Agent signature required when reappointing)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**

☐

**10. Election Campaign Financing
Trust Fund Contribution.**

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

DPST

NAME

Kielar, David S.

STREET ADDRESS

108 Sandpiper Avenue

CITY - ST - ZIP

Royal Palm Beach, FL 33411

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

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)(f), 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 on an attachment with an address, with all other like empowered

David Kielar President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2002

Date

561-795-0505

Daytime Phone #