2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# —P96000053114 1. Edity Marine PLORIDA TOOL WARRANTY, INC. Mailing Address Principal Place of Business Mailing Address Principal Place of Business Mailing Address Principal Place of Business	2002 UNIFORM BUSINESS REPORT (UBR)								FILED				
Figure County Figure Figure County Figure F	DOCUMENT # P9600053114							Jan 23, 2002 8:00 am Secretary of State					
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2. Principal Place of Business S. Mai ing Address Suits, Act. 4, etc. DO NOT WRITE IN THIS SPACE City & State Country Zip Country S. Certificate of Status Desired \$8.75 Additional For Footpace \$8.75 Additional Footpace \$9.75 Additi		_	- we go - w										
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S. Carrificate of Status Desired Fee Prequired Spent Fee Prepared Spent Fee Pre	City & Stat	e		City & State			4	i. FEI Numbe	^{er} 59-3386052		_ 	<u> </u>	
KAUFMAN, DAVID L 10751 57Th ST PINELLAS PARK FL-39782* City City FL Zip Code City City FL Zip Code City Ci	Zip				Zip Count			. Certificate	of Status Desired				
KAUFMAN, DAVID L 10751 57TH ST PINELLAS PARK FL-33782 City FL Zio Code 8. The above named entity submitis file shawment for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. SIGNATURE Spinster, typed a primer name Preference signal are too 7 copticable. 9. This corporation is eligible to salisfy its Intangible Tax Ring requirement and elects to do so. After May 1, 2002 Fee will be \$550.00		6. Name	and Address of Current	Registered Agent		Name	7	. Name and	Address of New Re	gistered A	gent		
City FL Zip Code	KAUFMAI	N, DAVID L					ddrons /P.C	. Pov Numbe	or in Not Apportable)				
B. The above named entity submits all statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. SIGNÂTURE SIGNATURE						Sileel A	duless (P.C	. BUX NUMBE	er is Not Acceptable)				
8. The above named entity submits all sharment for the purpose of changing its registered agent, or both, in the State of Florida. Signification Septimen spend or primed name of purpose of changing its registered agent, or both, in the State of Florida.	PINELLAS	S:PARK-FL-	39782										
SIGNATURE Signature Signa	<u> </u>					City	FL Zip Code						
Symbles, typed or primed anne 2 meg-devertil significant ISS IF applicable. (NOTE Registered Agem signature required when inequatory) 9. This corporation is elliptible to satisfy its Intangible Tax filing requirement and elects to do so.	8. The above	named entity	y submits this statement fo	r the purpose of changing its	register	ed office o	r registered	agent, or bot	h, in the State of Flori	da.			
Tax filing requirement and elects to do so.	SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signat	ure required who	n reinstating)	Hulos				
Make Check Payable to Department of State		_		l .									
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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 frue 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 emptywered 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.	or director												
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SIGNATURE:

2002

813 - 246 - 5375 Daytime Phone #