

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068617

1. Entity Name

THE TUNGSTEN GROUP, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90039 039 \*\*\*155.00

Principal Place of Business

3505 CHESAPEAKE AVE  
HAMPTON VA 23661  
US

Mailing Address

3505 CHESAPEAKE AVE  
HAMPTON VA 23661-3515  
US

715012



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5624 PORTSMOUTH BLVD

Suite, Apt. #, etc.

3. Mailing Address

5624 PORTSMOUTH BLVD

Suite, Apt. #, etc.

City & State

PORTSMOUTH VA

City & State

PORTSMOUTH VA

4. FEI Number

59-3396306

Applied For

Not Applicable

Zip

23701

Country

USA

Zip

23701

Country

USA

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

DEMELLWEEK, ROBERT J  
3110 HILLSIDE LANE  
SAFETY HARBOR FL 34695

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

ROBERT DEMELLWEEK

2-7-00

(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, 2000 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	D	<input type="checkbox"/> Delete
NAME	DEMELLWEEK, ROBERT J	
STREET ADDRESS	3110 HILLSIDE LN	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMELLWEEK, JENNIFER J	
STREET ADDRESS	3110 HILLSIDE LN	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT DEMELLWEEK	
STREET ADDRESS	3110 HILLSIDE LANE	
CITY-ST-ZIP	SAFETY HARBOUR, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Demellweek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00 757-465-9029  
Date Daytime Phone #