

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003826

1. Entity Name

TORScheme FLORIDA, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90049 013 ***150.00

Principal Place of Business

Mailing Address

~~3501 W VINE STREET~~
~~SUITE 344~~
~~KISSIMMEE FL 34741~~

2611 BROOKSHIRE CT.
KISSIMMEE FL 34746-5196

2. Principal Place of Business

2611 Brookshire Court.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Kissimmee Florida

City & State

4. FEI Number 59-3450042

Applied For

Not Applicable

Zip 34746-

Country

Zip

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

TAN, ROLAND
3501 W VINE STREET
SUITE 338
KISSIMMEE FL 34741

Name PETER J. FREUER CPA.

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

231 N. BERMUDA AVENUE.

City Kissimmee Florida. FL Zip Code 34741.

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D HATTON, ANDREW MR 2611 BROOKSHIRE COURT KISSIMMEE FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20th April 2000

Date

Daytime Phone #

CR2E034 (9/99)