

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028231

1. Entity Name

OCTOFOIL INTERNATIONAL GROUP, INC.

FILED

May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91142 019 \*\*\*150.00

Principal Place of Business

1901 N. 13TH STREET  
SUITE 100  
TAMPA FL 33605  
US

Mailing Address

PO BOX 24016  
TAMPA FL 33623  
US

2. Principal Place of Business

P.O. BOX 172117

3. Mailing Address

P.O. BOX 172117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33672

Country

Zip

33672

Country

4. FEI Number

59-3440312

Applied For

Not Applicable

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

CAREY, MICHAEL R  
712 S. OREGON AVENUE  
TAMPA FL 33606

Name

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

City

TAMPA

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

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 PD ☐ Delete  
NAME STANTON, JOHN  
STREET ADDRESS 1901 N. 13TH STREET, SUITE 100  
CITY-ST-ZIP TAMPA FL 33605

TITLE PD ☒ Change ☐ Addition  
NAME STANTON, JOHN  
STREET ADDRESS P.O. BOX 172117  
CITY-ST-ZIP TAMPA, FL 33672

TITLE D ☐ Delete  
NAME HUGHES, RALPH W  
STREET ADDRESS 1901 N. 13TH STREET, SUITE 100  
CITY-ST-ZIP TAMPA FL 33605

TITLE D ☒ Change ☐ Addition  
NAME HUGHES, RALPH W.  
STREET ADDRESS P.O. BOX 172117  
CITY-ST-ZIP TAMPA, FL 33672

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

JOHN STANTON

Date

Daytime Phone #

4/28/01 83-760-0044

CR2E034 (10/00)