

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91893 021 ***150.00

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DOCUMENT # P97000041656

1. Entity Name

PREMIUM TOOL SALES, INC.



Principal Place of Business
2902 SW BUENA VISTA BLVD
PALM CITY FL 34990

Mailing Address
7730 SW 68 TR
MIAMI FL 33143

2. Principal Place of Business

1034 SW LIGHTHOUSE DE

3. Mailing Address

Suite, Apt. #, etc.

City & State

PALM CITY

City & State

Zip

FL

Country

34990

Zip

Country

4. FEI Number

65-0757047

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BALLESTAS & ASSOCIATES INC
7730 SW 68 TR
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name
COMPLETE CORPORATE SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
915 MIDDLE RIVER DR # 410
City
L A UDERDALE FL Zip Code
33304

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
MANGONI, PETER
2902 SW BUENA VISTA BLVD
PALM CITY FL 34990 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANGONI, TARU
2902 SW BUENA VISTA BLVD
PALM CITY FL 34990 ☒ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: PETER D MANGONI

4-28-03 8636348201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)