2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3260 NW 23RD AVE

DOCUMENT # P97000043705

1. Entity Name

Principal Place of Business

3260 NW 23RD AVE

SOUTH FLORIDA TEST FIXTURES, INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90257 008 ***150.00

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E1000 POMPANO BEACH FL 33069			E1000 POMPANO BEACH FL 33069									
U\$			US				İ					
2. Principal Place of Business			3. Mailing Address				\dashv					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	FEI Number 65-0756596 Applied For				
Zip	Zip Country				Cour			00 01 00000			ot Applicable	
			Zip	·		Country		Certificate of Status Desired	Ь ,	\$8.75 Ad Fee Require		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
FORD, THOMAS J						Name						
3111 OAKLAND SHORES DRIVE					Street Address (P.O. Box Number is Not Acceptable)							
OAKLAND PARK FL 33309				 								
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						City			FL			
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.											and accept	
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
	II E NOW!!! E	EE IS \$150.00						<u> </u>				
		ee will be \$550.00					9. Election Campaign Finance	ing	\$5.0	O May Be		
Make Check	k Payable to Fid	orida Department of	State					Trust Fund Contribution.		Added	I to Fees	
10. OFFICERS AND D							۸۲	L DDITIONS/CHANGES TO OFFICER	O AND	DIDECTOR	<u> </u>	
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indicated o	on this report or a	unalemental assert is to	as may	soes tior dodilly lot to	ic exem	puon stated in Se	cuon 1	। ।७.७७(३)(।), Florida Statutes. I furth	er certify	that the inf	ormation	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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