

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90913 032 ***150.00

DOCUMENT # P98000006942

1. Entity Name
TOOLTECH INC

831668

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
840 E 4TH ST

3. Mailing Address
840 E 4TH ST

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
1

Suite, Apt. #, etc.

City & State
ENGLEWOOD FL

City & State
ENGLEWOOD FL

4. FEI Number
65-0814460

Applied For
Not Applicable

Zip
34223

Country
US

Zip
34223

Country
US

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name HOLMGREN, SANDRA S

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

840 E 4TH ST

City ENGLEWOOD

FL

Zip Code
34223

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D HOLMGREN, SANDRA S 840 E 4TH ST ENGLEWOOD FL 34223</u>
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra S Holmgren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
Date

941-475-6676
Daytime Phone #

CR2E034B (12/01)