

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90013 015 ***550.00

DOCUMENT # P98000053298

1. Entity Name

TILT MASTER, INC.

Principal Place of Business

**5300 NORTH POWERLINE ROAD
 SUITE 203-A
 FT. LAUDERDALE FL 33309**

Mailing Address

**5300 NORTH POWERLINE ROAD
 SUITE 203-A
 FT. LAUDERDALE FL 33309**

2. Principal Place of Business

5300 N. Powerline Road

3. Mailing Address

5300 N. Powerline Road

Suite, Apt. #, etc.

Suite 203A

Suite, Apt. #, etc.

Suite 203A

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33309

Country

Broward

Zip

33309

Country

Broward

6. Name and Address of Current Registered Agent

**MANNING, ALBERT
 5300 NORTH POWERLINE ROAD
 SUITE 203-A
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name

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

City

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

Albert Manning

ALBERT MANNING

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

TITLE **D** ☐ Delete
 NAME **MANNING, ALBERT**
 STREET ADDRESS **5300 N. POWERLINE RD., STE 203A**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
 NAME **MANNING, SHANICE**
 STREET ADDRESS **5300 N POWERLINE RD., STE 203A**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Albert Manning **ALBERT MANNING**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 938-4311

CR2E034 (10/00)