

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 05, 2000 8:00 am**
Secretary of State

06-05-2000 90015 006 ***150.00

DOCUMENT # **P98000056329**1. Entity Name **T.B.F.T INC.**Principal Place of Business Mailing Address **TORT INC**
752 PROSPERITY FARMS RD. / P.O. 2956
NORTH PALM BEACH, FL JUPITER, FL 33468
334082. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. **T.B.F.T. INC**
City & State **P.O. BOX 2956**
Zip Country **JUPITER, FL**
Zip Country **33468 PALM BEACH**4. FEI Number **65-0846190** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required

DO NOT WRITE IN THIS SPACE

80098945

6. Name and Address of Current Registered Agent

THOMAS DIEHL
752 PROSPERITY FARMS ROAD
NORTH PALM BEACH, FL
33408

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 _____ (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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DIRECTOR	THOMAS DIEHL	752 PROSPERITY FARMS ROAD	NORTH PALM BEACH, FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Thomas Diehl** **THOMAS DIEHL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/25/2000** **561-714-7649**
Date Daytime Phone #

CR2E034 (9/99)