

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038560

1. Entity Name

TUFF AUTOMOTIVE SPECIALTIES, INC.

FILED

Apr 21, 2000 8:00 am  
Secretary of State

04-21-2000 90108 028 \*\*\*150.00

Principal Place of Business

1222 WHITNEY CT  
VENICE FL 34292

(CHANGE)

Mailing Address

1222 WHITNEY CT  
VENICE FL 34292-3139

2. Principal Place of Business

3939 CLEAR RD

3. Mailing Address

3939 CLEAR RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA

City & State

SARASOTA, FL

4. FEI Number

65-0916337

Applied For

Not Applicable

Zip

34233

Country

SARASOTA

Zip

34233

Country

SARASOTA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZLAMAL, CHRISTOPHER J  
1222 WHITNEY CT  
VENICE FL 34292

7. Name and Address of New Registered Agent

Name CHAS ZLAMAL

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

3939 CLEAR RD

City

SARASOTA

FL

Zip Code

34233

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]* CHRISTOPHER J ZLAMAL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* CHRISTOPHER ZLAMAL 4-15-00

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

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	<input type="checkbox"/> Delete
NAME	ZLAMAL, CHRISTOPHER J	
STREET ADDRESS	1222 WHITNEY CT	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 affidavit, with an affidavit empowered.

SIGNATURE:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-00

Date

941-921-7220

Daytime Phone #