

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90181 004 ***150.00

NOTED AT

DOCUMENT # P99000040327

1. Entity Name

TINT 2000 OF SOUTH FLORIDA, INC.



Principal Place of Business

8060 BELVEDERE RD
SUITE 4
W PALM BEACH FL 33411

Mailing Address

8060 BELVEDERE RD
SUITE 4
W PALM BEACH FL 33411

2. Principal Place of Business

7845 Manor Forest Ln
Suite, Apt. #, etc.

3. Mailing Address

7845 Manor Forest Ln
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Baynton Beach FL
Zip 33436 Country Palm Bch

City & State

Baynton Bch FL
Zip 33436 Country Palm Bch

4. FEI Number

65-0920419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, KEITH
222 LAKEVIEW AVE #800
WEST PALM BEACH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BYRON, TROY	
STREET ADDRESS	8060 BELVEDERE RD	
CITY-ST-ZIP	W PALM BEACH FL 33411	
TITLE	D	<input type="checkbox"/> Delete
NAME	SELVAGGIO, DEBORAH D	
STREET ADDRESS	8060 BELVEDERE RD	
CITY-ST-ZIP	W PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

DEBORAH D SELVAGGIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-03 561-969-2000

CR2E034 (10/02)