

DOCUMENT # P99000065143

1. Entity Name

T.F. DESIGN, INC.

Principal Place of Business

1202 TRAFALGAR DR.
NEW PORT RICHEY FL 34655

Mailing Address

1202 TRAFALGAR DR.
NEW PORT RICHEY FL 34655

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

5. Name and Address of Current Registered Agent

FEEHAN, TIMOTHY J
1202 TRAFALGAR DR.
NEW PORT RICHEY FL 34655

FILED

00 DEC 20 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1553280

Applic

Not Ap

5. Certificate of Status Desired

☐\$8.75 Addition
Fee Required

7. Name and Address of New Registered Agent

Name

JOANN Patricia Fioridino

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

1202 Trafalgar Dr

City

New Port Richey

FL

Zip Code

34655

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

Joann Patricia Fioridino

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 \$550.00
AND SEPTEMBER 18, 2000 MIN. WILL BE \$750.00
Make check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 M
Added to F

11.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

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 807, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Timothy J. Feehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 Sept 00

Date

Daytime Phone #

732 224 8013

2 of 2

WILLIAM BURTON CPA

INVESTMENTS, TAX & RETIREMENT PLANNING

September 5, 2000

Division of Corporations
Uniform Business Report Filings
PO Box 6327
Tallahassee FL 32314

Re: P99000065143 Form UBR

Request for abatement of \$ 400.00 penalty

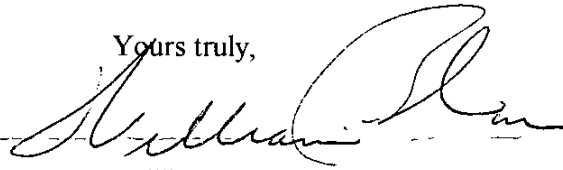
Please be informed that we did not receive the first notice requesting payment
of this filing fee

A correction of our address is enclosed and a check for \$ 150.00

Please abate the penalty portion due to reasonable cause.

Thank you.

Yours truly,



William Burton CPA

Correct address;

580 Patten Ave Unit # 13
Marina Bay Club
Long Branch NJ 07740