

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90153 027 ***150.00

A0056624

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000077640			
1. Entity Name SEAL TIGHT SOLUTIONS, INC.			
Principal Place of Business STS Inc. 4274 Progress Ave. Naples, FL 34104		Mailing Address STS Inc. 8112 Cypress Dr., N. Ft. Myers, FL 33912	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8112 Cypress Dr., North Suite, Apt. #, etc.	
City & State		City & State Fort Myers, FL	
Zip	Country	Zip	Country
		33912	Lee
4. FEI Number 65-0989500		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOY, JOSEPH R 252 Via Perignon Naples, FL 34119		7. Name and Address of New Registered Agent Name Frederick M. Lange Street Address (P.O. Box Number is Not Acceptable) 8112 Cypress Dr., N. City Fort Myers FL Zip Code 33912	
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: <i>Frederick M. Lange</i> Signature, typed or printed name of registered agent, and title if applicable.		President 04/15/01 (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. <input checked="" type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Joy, Joseph R 252 Via Perignon Naples, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lange, Frederick M 8112 Cypress Dr. N Fort Myers, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Frederick M. Lange</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Frederick M. Lange 04/15/01 (941) 437-6202 President Date Daytime Phone #	

CR2E034 (11/00)