

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90571 046 ***150.00

DOCUMENT # P99000098366

1. Entity Name

EMPIRE TILT-UP SYSTEMS, INC.

Principal Place of Business

**608 SAXON BLVD.
 DELTONA FL 32725**

Mailing Address

**608 SAXON BLVD.
 DELTONA FL 32725**

2. Principal Place of Business

537 DELTONA BLVD.

3. Mailing Address

537 DELTONA BLVD.

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

DELTONA FL

City & State

DELTONA FL

Zip

32725

Country

USA

Zip

32725

Country

USA

4. FEI Number

59-3495986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PROCTOR, RICHARD W

**608 SAXON BLVD.
 DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name

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

537 DELTONA BLVD.

SUITE 201

City

DELTONA

FL

Zip Code

32725

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/02

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, 2002 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 **PT** ☐ Delete
 NAME **PROCTOR, RICHARD W**
 STREET ADDRESS **608 SAXON BLVD.**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **VS** ☐ Delete
 NAME **PROCTOR, RICHARD E JR**
 STREET ADDRESS **608 SAXON BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **537 DELTONA BLVD., SUITE 201**
 CITY-ST-ZIP **DELTONA, FL 32725**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **537 DELTONA BLVD., SUITE 201**
 CITY-ST-ZIP **DELTONA, FL 32725**

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TITLE ☐ Change ☐ 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/02

Date

386-575-3456

Daytime Phone #

CR2E034 (9/01)