

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90138 034 ***150.00

DOCUMENT # P99000101812 ✓
1. Entity Name *True Seal Installation INC.*

DO NOT WRITE IN THIS SPACE

817018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3111 Aerial Crt
Suite, Apt. #, etc.

3. Mailing Address
3111 Aerial Crt
Suite, Apt. #, etc.

City & State
LAND O' LAKES FL.
Zip
34639
Country
USA

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Zip
34639
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USA

4. FEI Number
59-3609960

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JASON Hidy

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

3111 Aerial Crt C
City
LAND O' LAKES

FL

Zip Code
34639

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

(NOTE: Registered Agent signature required when reinstating)

01-21-02
DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
*President
JASON Hidy
3111 Aerial Crt
LAND O' LAKES, FL. 34639*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Vice President
RAYMON J. MENES
3200 7999/12'dge PKWY
LAND O' LAKES FL. 34639*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Secretary
JASON Hidy
3111 Aerial Crt
LAND O' LAKES FL. 34639*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-21-02
Date

813-973-3652
Daytime Phone #

CR2E034B (12/01)