

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S97810

1. Entity Name
TFPS, INC.

Principal Place of Business

550 NW LEJEUNE RD
MIAMI FL 33135

Mailing Address

550 NW LEJEUNE RD
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0328495

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DELAURIER, FRANK G.
550 NW LEJEUNE RD
MIAMI FL 33135

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.

SIGNATURE

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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE VC
NAME TEUSCHER, R J ☒ Delete
STREET ADDRESS 306 S CHESTNUT
CITY-ST-ZIP COLORADO SPRINGS CO 80905

TITLE C
NAME BOLLINGER, S W ☒ Delete
STREET ADDRESS 801 WILSON AVE
CITY-ST-ZIP HANOVER-PA-17331

TITLE AS
NAME MCLAUGHLIN, JOHN J. ☐ Delete
STREET ADDRESS 550 NW LEJEUNE RD.
CITY-ST-ZIP MIAMI FL

TITLE S
NAME DELAURIER, FRANK G. ☐ Delete
STREET ADDRESS 550 NW LEJEUNE RD.
CITY-ST-ZIP MIAMI FL

TITLE AT
NAME MIEDZIALKO, R J ☒ Delete
STREET ADDRESS 550 NW LEJEUNE RD
CITY-ST-ZIP MIAMI FL 33126

TITLE T
NAME WINSAND, AMOS O ☒ Delete
STREET ADDRESS 909 TOTTENHAM
CITY-ST-ZIP BIRMINGHAM MI

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VC
NAME ARN, RICHARD ☐ Change ☒ Addition
STREET ADDRESS 37104 LAUGHLIN RD
CITY-ST-ZIP LISBON OH 44432

TITLE C
NAME MYERS, LW ☐ Change ☒ Addition
STREET ADDRESS 482 WOLF RUN RD
CITY-ST-ZIP CUBA NY 14727

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AT
NAME TARAF, FRANK ☐ Change ☒ Addition
STREET ADDRESS 550 N.W. LEJEUNE RD
CITY-ST-ZIP MIAMI FL 33126

TITLE T
NAME HAMERS, NICK A ☐ Change ☒ Addition
STREET ADDRESS 2058 GOLFCREST DR
CITY-ST-ZIP DAVISON MI 48423

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F G DELAURIER

4/24/01

305-443-9353

Date

Daytime Phone #

40845



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)