

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90153 001 ***220.00

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

4. FEI Number **65-0328495**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **SHOOK, RAY**

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

550 N.W. LEJEUNE RD

City **MIAMI**

FL

Zip Code
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **ARN, RICHARD**
STREET ADDRESS **37104 LAUGHLIN RD**
CITY-ST-ZIP **LISBON OH 44432**

TITLE **VC** ☐ Change ☒ Addition
NAME **MUSTALESKI, THOMAS**
STREET ADDRESS **PO.BOX 2009**
CITY-ST-ZIP **OAK RIDGE, TN..37831**

TITLE **VC** ☐ Delete
NAME **LEVERT, ERNEST**
STREET ADDRESS **PO BOX 650003, MAIL STOP WT-48**
CITY-ST-ZIP **DALLAS TX.75265-0003**

TITLE **CHAIRMEN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **S** ☐ Change ☒ Addition
NAME **SHOOK, RAY**
STREET ADDRESS **550 N.W. LEJEUNE RD**
CITY-ST-ZIP **MIAMI, FL. 33126**

TITLE **AT** ☐ Delete
NAME **TARAF, FRANK**
STREET ADDRESS **550 NW LEJEUNE RD**
CITY-ST-ZIP **MIAMI FL 33126**

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

TITLE **T** ☐ Delete
NAME **LIPPHARDT, EARL**
STREET ADDRESS **950 AVONIA RD**
CITY-ST-ZIP **FAIRVIEW PA 16415**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Frank Tarafa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)