

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

05/16/05

DOCUMENT # F94000004454

04-12-2001 90187 038 ***150.00

1. Entity Name
TAFFORD MANUFACTURING, INC.

Principal Place of Business 104 PARK DRIVE MONTGOMERYVILLE PA 18936	Mailing Address 104 PARK DRIVE MONTGOMERYVILLE PA 18936
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00035563



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-2436046**

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

SCHOENFELD, ROBERT
11613 PRIVADO WAY
BOYNTON BEACH FL 33437

Name **Same**
 Street Address (P.O. Box Number is Not Acceptable)
159 Vintage Isle Lane
 City **Palm Beach Gardens FL** Zip Code **33418**

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 *Robert Schoenfeld*
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SCHOENFELD, ROBERT	
STREET ADDRESS	11613 PRIVADO WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOENFELD, MARLENE L	
STREET ADDRESS	11613 PRIVADO WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33437	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARLEY, DEBORAH M	
STREET ADDRESS	8231 FORREST AVENUE	
CITY-ST-ZIP	ELKINS PARK PA 19027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	159 Vintage Isle Lane	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	159 Vintage Isle Lane	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Schoenfeld* **ROBERT SCHOENFELD** 3/29/01 215-643-9666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)