

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90209 010 ***150.00

702891



DO NOT WRITE IN THIS SPACE

DOCUMENT # 288183

1. Entity Name

TOMASELLO INC

Principal Place of Business

Mailing Address

5311 GEORGIA AVE
 PO BOX 6697
 W PALM BCH FL 33405

5311 GEORGIA AVE
 PO BOX 6697
 W PALM BCH FL 33405-6697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1097907

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

GADDONI, WILLIAM L.
4362 NORTHLAKE BLVD. SUITE 203
PALM BCH GARDENS FL 33410

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	DOLL, CHARLES R	
STREET ADDRESS	1841 LINMAR DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DOLL, REGINA T	
STREET ADDRESS	1850 LIN MAR DR.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STAHL, THOMAS A	
STREET ADDRESS	3726 VICTORIA DR	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles R. Doll	
STREET ADDRESS	1850 Lin Mar Dr	
CITY-ST-ZIP	West Palm Beach, Fl	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regina T. Doll	
STREET ADDRESS	1841 Lin Mar Dr	
CITY-ST-ZIP	West Palm Beach, Fl	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas A. Stahl	
STREET ADDRESS	115 W Cypress Rd	
CITY-ST-ZIP	Lake Worth, Fl	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tracy G. Doll	
STREET ADDRESS	1850 Lin Mar Drive	
CITY-ST-ZIP	West Palm Beach, Fl	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

561-585-2551

SIGNATURE:

Regina T. Doll
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Regina T. Doll, Treasurer

1-3-2000

Date

Daytime Phone #

CE 1 (1/14/99)