

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90005 042 ***150.00

0283390

DOCUMENT # 288183

1. Entity Name

TOMASELLO INC

Principal Place of Business

5311 GEORGIA AVE
 PO BOX 6697
 W PALM BCH FL 33405

Mailing Address

5311 GEORGIA AVE
 PO BOX 6697
 W PALM BCH FL 33405

819009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1097907**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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 **P** ☐ Delete
 NAME **DOLL, CHARLES R**
 STREET ADDRESS **1850 LIN MAR DR**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **T** ☐ Delete
 NAME **DOLL, REGINA T**
 STREET ADDRESS **1841 LIN MAR DR**
 CITY-ST-ZIP **W. PALM BEACH FL**

TITLE **VP** ☐ Delete
 NAME **STAHL, THOMAS A**
 STREET ADDRESS **115 W CYPRESS RD**
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **S** ☐ Delete
 NAME **DOLL, TRACY G**
 STREET ADDRESS **1850 LIN MAR DR**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-01 561 585 2551

CR2E034 (10/00)