



**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000120001				
1. Entity Name TOMKO ENTERPRISES, INC.				
Principal Place of Business 3025 FOXBORO CIR DELTONA, FL 32738		Mailing Address 3025 FOXBORO CIR DELTONA, FL 32738		
2. Principal Place of Business		3. Mailing Address		
State, Apt. #, etc.		State, Apt. #, etc.		
City & State		City & State		4. FEI Number 01-0548239
Zip	Country	Zip	Country	Applied For Not Applicable
6. Name and Address of Current Registered Agent TOMKO, TIMOTHY A 3025 FOXBORO CIR DELTONA, FL 32738				5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required
7. Name and Address of New Registered Agent				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agents signed required when necessary)</small>				
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMKO, TIMOTHY A	NAME		
STREET ADDRESS	3025 FOXBORO CIR	STREET ADDRESS		
CITY-ST-ZIP	DELTONA, FL 32738	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		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)(f), 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: <u>Timothy A Tomko</u> 4-24-03 (321)229-2439				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

CR2E034 (1/02)