

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90068 026 ***150.00

DOCUMENT # P96000093488

1. Entity Name
TOTAL BUSINESS ASSOCIATES, INC.



Principal Place of Business
**1154 SOLANA AVE
WINTER PARK FL 32789**

Mailing Address
**1154 SOLANA AVE
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

118 Central Park Pl.

118 Central Park Pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford

City & State

Sanford

Zip

32771

Country

USA

Zip

32771

Country

USA

4. FEI Number

59-3411759

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TOMASZEWSKI, PAUL
1554 WESTOVER LOOP
HEATHROW FL 32746**

7. Name and Address of New Registered Agent

Name **Joyce Tomaszewski**

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

118 Central Park Pl

City

Sanford

FL

Zip Code

32771

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

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

TITLE **D** ☐ Delete
NAME **TOMASZEWSKI, JOYCE**
STREET ADDRESS **1154 SOLANA AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Tomaszewski, Joyce**
STREET ADDRESS **118 Central Park Pl.**
CITY-ST-ZIP **Sanford, FL 32771**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

Joyce Tomaszewski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/03

Date

407-644-4429

Daytime Phone #

CR2E034 (10/02)