

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90994 010 ***150.00

DOCUMENT # P99000056351

1. Entity Name
TOM'S AUTO OPTIONS, INC.



Principal Place of Business
**309 W MAIN ST
AVON PARK FL 33825**

Mailing Address
**309 W MAIN ST
AVON PARK FL 33825**

2. Principal Place of Business
106 W MAIN STREET
Suite, Apt. #, etc.

3. Mailing Address
106 W MAIN STREET
Suite, Apt. #, etc.

City & State
AVON PARK FL
Zip
33825 Country

City & State
AVON PARK FL
Zip
33825 Country

4. FEI Number **65-0930426**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TULLO, THOMAS L
309 W MAIN ST
AVON PARK FL 33825**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
106 W MAIN STREET
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 *Jenny Tull* **Secretary**
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 **PD** ☐ Delete
NAME **TULLO, THOMAS L**
STREET ADDRESS **171 RIVERDALE DR**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **S** ☐ Delete
NAME **TULLO, JENNY**
STREET ADDRESS **171 RIVERDALE DR**
CITY-ST-ZIP **AVON PARK FL 33825**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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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 *Jenny Tull* **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 863-453-2665
Date Daytime Phone #

CR2E034 (10/02)