

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064130

1. Entity Name

THOMAS C TOMASKO ENTERPRISES INC.

Principal Place of Business

Mailing Address

7205 CRILLON AVENUE
COCOA FL 32927

7205 CRILLON AVENUE
COCOA FL 32927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3589035

Applied For

Not Applicable

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

TOMASKO, THOMAS C
7205 CRILLON AVENUE
COCOA FL 32927

Name LOUIS VENUTI

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

City TITUSVILLE

FL

Zip Code 32780

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

LOUIS VENUTI

Louis Venuti

1-8-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TOMASKO, THOMAS C**
CITY-ST-ZIP **7205 CRILLON AVENUE
COCOA FL 32927**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Thomas C Tomasko

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2001

Date

Daytime Phone #

321-383-2519

CR2E034 (10/00)

0485301

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90064 044 ***150.00

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DO NOT WRITE IN THIS SPACE