

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90381 033 ***150.00

DOCUMENT # **p97000015418**

1. Entity Name

TONJO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1835 N. US HWY 1

Suite, Apt. #, etc.

3. Mailing Address

1835 N. US HWY 1

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT. PIERCE, FL

City & State

FT. PIERCE, FL

4. FEI Number

59-3427188

Applied For

Not Applicable

Zip

34946

Country

USA

Zip

34946

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ZECCHINI, ANTHONY

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

1043 21ST. STREET

VERO BEACH, FL

City

VERO BEACH,

FL

Zip Code

32960

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD ZECCHINI, ANTHONY 1043 21ST STRRET VERO BEACH, FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 617, Florida Statutes; and that my name appears in Block 10 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 #

CR2E037B (12/01)