

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 197895

1. Entity Name  
**CATLEMENS LIVESTOCK AUCTION MARKET OF TAMPA, IN** ✓

Principal Place of Business  
 6811 BROADWAY AVE  
 TAMPA FL 33619

Mailing Address  
 6811 BROADWAY AVE  
 TAMPA FL 33619

2. Principal Place of Business  
6811 Broadway Ave E.

3. Mailing Address  
6811 E. Broadway Ave.

Suite, Apt. #, etc.

City & State  
Tampa, FL. 33619

City & State  
Tampa, FL. 33619

Zip Country

4. FEI Number **59-0792357** Applied For   
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DAVID L., TOMKOW**  
 2412 W ARIANA ST  
 LAKELAND FL

**7. Name and Address of New Registered Agent**

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.

SIGNATURE *David L. Tomkow* DATE 7/13/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID L. TOMKOW 2412 W ARIANA ST LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL TOMKOW 16722 PACKING HOUSE RD DADE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David L. Tomkow* DATE 7-13-00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

**FILED**  
**Jul 21, 2000 8:00 am**  
**Secretary of State**  
 07-21-2000 90155 024 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)