

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 210675**

1. Entity Name

TOMBRINK ENTERPRISES, INC.**FILED**
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90091 049 ***150.00

0415508 AV

Principal Place of Business

**2206 VILLAGE PARK RD
#103
PLANT CITY FL 33566
US**

Mailing Address

**2206 VILLAGE PARK RD
#103
PLANT CITY FL 33566
US**

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

59-0847415

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**TOMBRINK, RICHARD, JR.
21042 DANDY ROAD
BROOKSVILLE FL 34601****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

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOMBRINK, MARGARET 8526 PEPPERCORN DR. ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BODINE, ELIZABETH 36821 JEFFERSON AVE DADE CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TOMBRINK, STEVENS E. 2206 VILLAGE PARK RD PLANT CITY FL 33566	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOMBRINK, RICHARD, JR 21042 DANDY RD. BROOKSVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)