

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91799 018 ***150.00

0446074 AV

DOCUMENT # 210675

1. Entity Name
TOMBRINK ENTERPRISES, INC.



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
2905 SUTTON PINES COURT
Suite, Apt. #, etc.

3. Mailing Address
2905 SUTTON PINES COURT
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
PLANT CITY FL
Zip
33566
Country
USA

City & State
PLANT CITY FL
Zip
33566
Country
USA

4. FEI Number **59-0847415**

Applied For
☐ Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 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

11. 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/30/03 **813-760-4828**
Date Daytime Phone #

CR2E034 (10/02)