

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 250938

1. Entity Name

THE TOBI COMPANY, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90154 001 ***158.75

Principal Place of Business
10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA FL 33612

Mailing Address
10500 UNIVERSITY CENTER DR.
SUITE 143
TAMPA FL 33612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1263852

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BALLOTTA, PETER C
4207 CARROLLWOOD VILLAGE DR
TAMPA FL 33624

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BALLOTTA, PETER C.	4207 CARROLLWOOD VILLAGE DR	TAMPA FL	<input type="checkbox"/>
CVD	TOBI, FREDERICK G.	4805 CULBREATH ISLES WAY	TAMPA FL	<input type="checkbox"/>
VD	TOBI, JOSEPH C.	12206 WOOD DUCK PLACE	TAMPA FL	<input type="checkbox"/>
DV	WILSON, PETER G.	18232 CLEAR LAKE DRIVE	LUTZ FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
		514 Riviera Drive	Tampa, FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

3/2/01
Date

813-975-1212
Daytime Phone #

CR2E034 (10/00)