

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90209 010 ***150.00

DOCUMENT # 288183

1. Entity Name
TOMASELLO INC

Principal Place of Business 5311 GEORGIA AVE PO BOX 6697 W PALM BCH FL 33405	Mailing Address 5311 GEORGIA AVE PO BOX 6697 W PALM BCH FL 33405-6697
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702891



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1097907		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
GADDONI, WILLIAM L. 4362 NORTHLAKE BLVD. SUITE 203 PALM BCH GARDENS FL 33410				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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOLL, CHARLES R			NAME	Charles R. Doll		
STREET ADDRESS	1841 LINMAR DR			STREET ADDRESS	1850 Lin Mar Dr		
CITY-ST-ZIP	WEST PALM BEACH FL			CITY-ST-ZIP	West Palm Beach, Fl		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOLL, REGINA T			NAME	Regina T. Doll		
STREET ADDRESS	1850 LIN MAR DR.			STREET ADDRESS	1841 Lin Mar Dr		
CITY-ST-ZIP	W. PALM BEACH FL			CITY-ST-ZIP	West Palm Beach, Fl		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STAHL, THOMAS A			NAME	Thomas A. Stahl		
STREET ADDRESS	3726 VICTORIA DR			STREET ADDRESS	115 W Cypress Rd		
CITY-ST-ZIP	WEST PALM BEACH FL 33406			CITY-ST-ZIP	Lake Worth, Fl		
TITLE		<input type="checkbox"/> Delete		TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	Tracy G. Doll		
STREET ADDRESS				STREET ADDRESS	1850 Lin Mar Drive		
CITY-ST-ZIP				CITY-ST-ZIP	West Palm Beach, Fl	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Regina T. Doll Regina T. Doll, Treasurer Date: 1-3-2000 Daytime Phone #: 561-585-2551

C.F. 1 (1/14) (1/99)