

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 383320

1. Entity Name

TOMASINO & ASSOCIATES, INC. - CONSULTING ENGINEER

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90219 043 ***158.75

Principal Place of Business

10921 N 56TH STREET, SUITE 200
TEMPLE TERRACE FL 33617-3000
US

Mailing Address

10921 N 56TH STREET, SUITE 200
TEMPLE TERRACE FL 33617-3000
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 59-1350215

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

7. Name and Address of New Registered Agent

TOMASINO, PAUL
10921 N 56TH ST, STE 200
TEMPLE TERRACE FL 33617

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 PTD ☐ Delete
NAME TOMASINO, PAUL
STREET ADDRESS 10921 N 56TH ST, STE 200
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE VS ☐ Delete
NAME TOMASINO, SHERRILL M
STREET ADDRESS 10921 N 56TH ST, STE 200
CITY-ST-ZIP TEMPLE TERRACE FL

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

TITLE V ☐ Delete
NAME RUSSELL, JAMES O.
STREET ADDRESS 9867 BRIDGETON DR
CITY-ST-ZIP TAMP FL

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

TITLE ☒ Delete
NAME GODFREY, JAMES E
STREET ADDRESS 12613 ASHDOWN DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE ☐ Change ☒ Addition
NAME VICE PRESIDENT
STREET ADDRESS ALLEN, STEVE L.
CITY-ST-ZIP 3216 TARA GROVE DRIVE
TAMPA, FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ASSISTANT SECRETARY
STREET ADDRESS ELDON, PAULA
CITY-ST-ZIP 212 MORNINGSIDE LOOP
VALRICO, FL 33594

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ASSISTANT VICE PRESIDENT
STREET ADDRESS SKELTON, LEONARD C.
CITY-ST-ZIP 6702 COMMODORE WAY
TAMPA, FL 33615

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:

Sherrill M. Tomasino
Signature and typed or printed name of registered agent and title if applicable.

Signature and typed or printed name of registered agent and title if applicable.

1/11/01 813.988.9102

Date

Daytime Phone #

CR2E034 (10/00)