

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90005 016 \*\*\*158.75

0A31770 AV

**DOCUMENT # 383320**  
 1. Entity Name  
**TOMASINO & ASSOCIATES, INC. - CONSULTING ENGINEERS**

Principal Place of Business      Mailing Address  
**10921 N 56TH STREET, SUITE 200**      **10921 N 56TH STREET, SUITE 200**  
**TEMPLE TERRACE FL 33617-3000**      **TEMPLE TERRACE FL 33617-3000**  
**US**      **US**

DUPLICATE



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**TOMASINO, PAUL**      Name  
**10921 N 56TH ST, STE 200**      Street Address (P.O. Box Number is Not Acceptable)  
**TEMPLE TERRACE FL 33617**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>TOMASINO, PAUL</b> <b>10921 N 56TH ST, STE 200</b> <b>TEMPLE TERRACE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>TOMASINO, SHERRILL M</b> <b>10921 N 56TH ST, STE 200</b> <b>TEMPLE TERRACE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ALLEN, STEVE L</b> <b>3216 TARA GROVE DR</b> <b>TAMPA FL 33618</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GODFREY, JAMES E</b> <b>12613 ASHDOWN DRIVE</b> <b>ODESSA FL 33556</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>RUSSELL, JAMES O</b> <b>9867 BRIDGETON DRIVE</b> <b>TAMPA, FL 33626</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>ELDON, PAULA</b> <b>212 MORNINGSIDE LOOP</b> <b>VALRICO FL 33594</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP</b> <b>SKELTON, LEONARD C</b> <b>6702 COMMODORE WAY</b> <b>TAMPA FL 33615</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Sherrill M. Tomasino*      **Sherrill M. Tomasino**      Date: **2/11/02**      Daytime Phone #: **813.988.9102**

CR2E034 (9/01)

Attachment  
Ord# 383320

B00224/85

**OFFICERS AND DIRECTORS (CONTINUED)**

<b>TITLE NAME STREET ADDRESS CITY, ST - ZIP</b>	<b>AVP OHANMAMOORENI, ROOBEN 3238 CULLENDALE DRIVE TAMPA, FL 33618</b>	<b>X ADDITION</b>
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