

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 383320**

1. Entity Name

**TOMASINO & ASSOCIATES, INC. - CONSULTING ENGINEER  
 RS**

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**

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, 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	PTD TOMASINO, PAUL 10921 N 56TH ST, STE 200 TEMPLE TERRACE FL <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	VS TOMASINO, SHERRILL M 10921 N 56TH ST, STE 200 TEMPLE TERRACE FL <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	VP ALLEN, STEVE L 3216 TARA GROVE DR TAMPA FL 33618 <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	V GODFREY, JAMES E 12613 ASHDOWN DRIVE ODESSA FL 33556 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ELDON, PAULA 212 MORNINGSIDE LOOP VALRICO FL 33594 <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	AVP SKELTON, LEONARD C 6702 COMMODORE WAY TAMPA FL 33615 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		VP RUSSELL, JAMES O 9867 BRIDGETON DRIVE TAMPA, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		AVP SHOUN, RICHARD S 10651 JACAMAR DRIVE NEW PORT RICHEY, FL 34654	<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** 8/13/02 813.988.9102  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0431770 AV

CR2E034 (9/01)

Attachment  
Doc# 383320

B0022485

**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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