

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 531850

1. Entity Name

M. TOMASELLA & CO. OF FLORIDA, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90021 034 \*\*\*150.00

Principal Place of Business  
4100 E 7TH AVE  
TAMPA FL 33605  
US

Mailing Address  
P.O. BOX 2522  
TAMPA FL 33601-2522  
US

2. Principal Place of Business  
1311 ROWLETT PARK DR  
Suite, Apt. #, etc.

3. Mailing Address  
2805 WEDGEWOOD DR.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
Tampa, FL

City & State  
Plant City, FL

Zip  
33610

Country  
USA

Zip  
33567

Country  
USA

4. FEI Number 59-1759114

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KNECHT, J. FLOYD  
4100 E 7TH AVE  
TAMPA FL 33605

7. Name and Address of New Registered Agent.

Name  
KNECHT, J. FLOYD  
Street Address (P.O. Box Number is Not Acceptable)  
2805 WEDGEWOOD DR.  
City  
Plant City, FL  
Zip Code  
33567

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

*J. Floyd Knecht*

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

(NOTE: Registered Agent signature required when reinstating)

3-6-00

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNECHT, J FLOYD 2805 WEDGEWOOD DRIVE PLANT CITY FL 33567	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNECHT, THERESA 1836 MILL RUN CIRCLE TAMPA FL 33613	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KNECHT, THERESA 9018 LAKE PLUMAS LANE TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*J. Floyd Knecht*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/6/00

813 242 4441

Daytime Phone