

2002 UNIFORM BUSINESS REPORT (UBR)

0000138 AV

DOCUMENT # **A95000000665**

1. Entity Name

THE TOLPIN FAMILY COMPANY, LTD.

FILED

02 MAR 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business

Mailing Address

280 W. CANTON AVE., SUITE 330
WINTER PARK FL 32789

280 W. CANTON AVE., SUITE 330
WINTER PARK FL 32789



2. Principal Place of Business
5340 Hillock Court

3. Mailing Address
5340 Hillock Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3314025

Applied For
Not Applicable

Zip
32810

Country
USA

Zip
32810

Country
USA

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

GASE, JAMES E CPA
280 W. CANTON AVE., SUITE 330
WINTER PARK FL 32789

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.

DATE

9. Capital Contributions as Shown on record.

\$135,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$135,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000016761**
NAME **ANN MARSHALL, INC.**
STREET ADDRESS **300 INTERNATIONAL PKWY., STE. 376**
CITY-ST-ZIP **HEATHROW FL 32746**

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11/21/02

Date

Daytime Phone #

CR2E003 (9/01)

PLEASE CHECK HERE