

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90349 007 ***150.00

RECEIVED AT

DOCUMENT # F01000002257

1. Entity Name

SUSAN TOLAR REALTY, INC.

Principal Place of Business

**624 JACKSON AVENUE
 OCEAN SPRINGS MS 39564**

Mailing Address

~~624 JACKSON AVENUE
 OCEAN SPRINGS MS 39564~~

2. Principal Place of Business

3. Mailing Address

PO Box 698

Suite, Apt. #, etc.

Pascagoula

City & State

MS

Zip

39568-0698

Country

Jackson



DO NOT WRITE IN THIS SPACE

4. FEI Number

64-0935543

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

**LAPLANTE, JON
 86 BARCELONA AVENUE
 SEAGROVE BEACH FL 32459**

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 **P** ☐ Delete
 NAME **TOLAR, SUSAN**
 STREET ADDRESS **3116 BREEZY HILL LANE**
 CITY-ST-ZIP **OCEAN SPRINGS MS 39564**

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

TITLE **V** ☐ Delete
 NAME **TOLAR, BRUCE B**
 STREET ADDRESS **3116 BREEZY HILL LANE**
 CITY-ST-ZIP **OCEAN SPRINGS MS 39564**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-02

Date

228-762-6343

Daytime Phone #

CR2E034 (9/01)