

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90323 032 ***555.00

DOCUMENT # F92964

1. Entity Name
TOMYN GROVES, INC.

Principal Place of Business

622 GALLEGO AVE
OCOE FL 34761
US

Mailing Address

TOMYN GROVES INC
622 GALLEGO AVE
OCOE FL 34761

2. Principal Place of Business

622 Gallego Ave.
Suite, Apt. #, etc.
Orange Florida

3. Mailing Address

622 Gallego Ave
Suite, Apt. #, etc.

City & State

Orange

City & State

Orange Florida

Zip

34761

Country

Orange

Zip

34761

Country

Orange

4. FEI Number

59-2242676

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOHLUST, G CHARLES
230 LOOKOUT PLACE
MAITLAND FL 32794-8690

1085 W. Morse Blvd.
Ste. B
Winter Park, Florida

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **DT** ☐ Delete
NAME **TOMYN, MAE C**
STREET ADDRESS **622 GALLEGO AVENUE**
CITY-ST-ZIP **OCOE FL**

TITLE **DS** ☐ Delete
NAME **LONGCOY, ELIZABETH**
STREET ADDRESS **404 ORLANDO AVE. BLDG. B UNIT 2**
CITY-ST-ZIP **OCOE FL 34761**

TITLE **DP** ☐ Delete
NAME **TOMYN, JOHN**
STREET ADDRESS **622 GALLEGO AVE**
CITY-ST-ZIP **OCOE, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Elizabeth Longcoy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)