

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004348

1. Entity Name

TOMAC CONSTRUCTION, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90105 024 ***150.00

Principal Place of Business

Mailing Address

225 CORPCENTER DR
SUITE A
STOCKBRIDGE GA 30281
US

225 CORPCENTER DR
SUITE A
STOCKBRIDGE GA 30281
US

2. Principal Place of Business

511 Bull Headly Rd Ste 200
Suite, Apt. #, etc.
City & State
Tallahassee, Fl.

3. Mailing Address

8511 Bull Headly Rd.
Suite, Apt. #, etc.
City & State
Tallahassee, Fl.



DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2220866

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

MCDONALD, WILLIAM L
3503 OCEAN DR
VERO BEACH FL 32963

Name

Mark A Conner

Street Address (P.O. Box Number is Not Acceptable)

8511 Bull Headly Rd. Ste 200

City

Tallahassee, Fl

FL

Zip Code

32312

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, type or printed name of registered agent and title if applicable

Mark Conner

(NOTE: Registered Agent signature required when reinstating)

1/12/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VP	MCDONALD, WILLIAM L	3503 OCEAN DR	VERO BEACH FL 32963	<input checked="" type="checkbox"/>
VP	CONNER, MARK	7118 BEECH RIDGE TRAIL	TALLAHASSEE FL 32312	<input type="checkbox"/>
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Mark Conner	8511 Bull Headly Rd. Ste 200	Tallahassee, Fl. 32312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Conner

1/12/00

Date

(850) 894-9931

Daytime Phone #

CR2E034 (9/99)