

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90151 034 ***150.00

DOCUMENT # **G20540**

1. Entity Name

TOM-CAT, INCORPORATED



Principal Place of Business

**2160 S MARION
PO BOX 454
LAKE CITY FL 32055
US**

Mailing Address

**2160 S MARION
PO BOX 454
LAKE CITY FL 32055
US**

2. Principal Place of Business

950 S.W. MAIN BLVD.

Suite, Apt. #, etc.

P.O. BOX 454

City & State

LAKE CITY, FL.

Zip

32025 COLUMBIA

3. Mailing Address

950 S.W. MAIN BLVD.

Suite, Apt. #, etc.

P.O. BOX 454

City & State

LAKE CITY, FL.

Zip

32025 COLUMBIA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-1500505

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STINSON, THOMAS L.
1830 SOUTH 1ST ST.
LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name **STINSON, THOMAS L.**

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

1156 S. MARION AVE

LAKE CITY, FL. 32055

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

Thomas L. Stinson

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

(NOTE: Registered Agent signature required when reinstating)

15 JAN 03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STINSON, THOMAS L	
STREET ADDRESS	RT. 12, BOX 41	
CITY-ST-ZIP	LAKE CITY, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	STINSON, LYDIA J.	
STREET ADDRESS	RT. 12, BOX 41	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, TOMI S	
STREET ADDRESS	RT 19 BOX 866 ROSSI RD	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON, THOMAS L.	
STREET ADDRESS	1156 S. MARION AVE	
CITY-ST-ZIP	LAKE CITY, FL. 32055	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STINSON LYDIA J.	
STREET ADDRESS	1156 S. MARION AVE	
CITY-ST-ZIP	LAKE CITY, FL. 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas L. Stinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

15 JAN 03

Daytime Phone #

CR2E034 (10/02)