

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2001 8:00 am
Secretary of State

08-15-2001 90004 037 ***550.00

DOCUMENT # G94379

1. Entity Name

TOBIASZ ENTERPRISE, INC.

Principal Place of Business

**4595 NE INDIAN RIVER DR.
P.O. BOX 1288
JENSEN BEACH FL 34957**

Mailing Address

**4595 NE INDIAN RIVER DR.
P.O. BOX 1288
JENSEN BEACH FL 34957**

2. Principal Place of Business

**BLVD
1504 NE Jensen Beach**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach FL

City & State

City & State

Zip

34957

Country

USA

Zip

Zip

Country

Country

4. FEI Number

59-2432943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOBIASZ, DANIEL R.
4595 NE INDIAN RIVER DR
JENSEN BEACH FL 34957**

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.

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 12, 2001 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 **ST** ☐ Delete
NAME **TOBIASZ, ANN**
STREET ADDRESS **4595 NE INDIAN RIVER DR**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **PD** ☐ Delete
NAME **TOBIASZ, DANIEL**
STREET ADDRESS **4595 NE INDIAN RIVER DR**
CITY-ST-ZIP **JENSEN BEACH FL**

TITLE **VP** ☐ Delete
NAME **TOBIASZ, JOSEPH**
STREET ADDRESS **1011 E. 9TH ST.**
CITY-ST-ZIP **STUART FL**

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

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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director

8-7-01

Date

561-334-1567

Daytime Phone #

CR2E034 (5/01)