

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37672

1. Entity Name

TOM-GLO, INC.

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90037 022 ***150.00

Principal Place of Business

Mailing Address

C/O DAVID T. HOUBE
313 E CANFIELD ST
AVON PARK FL 33825

C/O DAVID T. HOUBE
~~313 E CANFIELD ST~~
AVON PARK FL 33825

2. Principal Place of Business

1002 W. PICKETT CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

1002 W. PICKETT CIRCLE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

AVON PARK 71

Zip

33825

Country

HIGHLANDS

City & State

AVON PARK 71

Zip

33825

Country

HIGHLANDS

4. FEI Number

59-2477462

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUBE, DAVID T.
~~313 E CANFIELD ST~~
AVON PARK FL 33825

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

David J. Houpe

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

(NOTE: Registered Agent signature required when reinstating)

1-4-01

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, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOUBE, DAVID T.	
STREET ADDRESS	313 E CANFIELD ST	
CITY-ST-ZIP	AVON PARK FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOUBE, GLORIA J.	
STREET ADDRESS	313 E CANFIELD ST	
CITY-ST-ZIP	AVON PARK FL	
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		

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1002 W. PICKETT CIRCLE	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1002 W. PICKETT CIRCLE	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Gloria J. Houpe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01

Date

863-453-4478

Daytime Phone #

CR2E034 (10/00)