

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37672

1. Entity Name

TOM-GLO, INC.

Principal Place of Business

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

Mailing Address

C/O DAVID T. HOUPE
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.

City & State

AVON PARK FL

City & State

AVON PARK FL

Zip 33825

Country HIGHLANDS

Zip 33825

Country HIGHLANDS

6. Name and Address of Current Registered Agent

HOUPE, DAVID T.
313-E-CANFIELD ST
AVON PARK FL 33825

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. House

Signature, typed or printed name of registered agent and title 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME HOUPE, DAVID T.
STREET ADDRESS 313 E CANFIELD ST
CITY-ST-ZIP AVON PARK FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1002 W. PICKETT CIRCLE

Change

Addition

TITLE STD
NAME HOUPE, GLORIA J.
STREET ADDRESS 313 E CANFIELD ST
CITY-ST-ZIP AVON PARK FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1002 W. PICKETT CIRCLE

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

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: *Gloria J. House*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-01 863-453-4478

Date Daytime Phone #

0529473

CR2E034 (10/00)