

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91284 004 ***158.75

A0067597

DO NOT WRITE IN THIS SPACE

DOCUMENT # J77687

1. Entity Name

TOMLINSON INSTRUMENTS & CONTROLS, Inc.

Principal Place of Business

568-J APPELARD DR.
TALLAHASSEE, FL 32304

Mailing Address

P.O. BOX 20188
TALLAHASSEE, FL 32316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2877446

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARGARET R. TOMLINSON
892 MADERIA CIRCLE
TALLAHASSEE, FL 32312

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 \$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 NAME ☐ Delete
MARGARET R. TOMLINSON
892 MADERIA CIRCLE
TALLAHASSEE, FL 32312

TITLE NAME ☐ Delete
RACHAL, SHANNON E.
123 PINECREST AVENUE
OLMOND BEACH, FL 32176

TITLE NAME ☐ Delete
MOMBERGER, MARGARET E.
100 N. ST. ANDREWS DRIVE
OLMOND BEACH, FL 32174

TITLE NAME ☐ Delete
TOMLINSON, WITNEY A.
892 MADERIA CIRCLE
TALLAHASSEE, FL 32312

TITLE NAME ☐ Delete
TOMLINSON, MARGARET R.
892 MADERIA CIRCLE
TALLAHASSEE, FL 32312

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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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:

Margaret R. Tomlinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

(800) 575-5225
Daytime Phone #

CR2E034 (11/00)