

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90100 043 ***550.00

DOCUMENT # J88450

1. Entity Name
TOBER CAPITAL CORPORATION

Principal Place of Business 3823 OWENS ROAD YULEE FL 32097 US	Mailing Address 1556 3RD AVE. SUITE 504 NEW YORK NY 10128 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2838795		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HENDERSON, J. GROVER 3823 OWENS ROAD YULEE FL 32097				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENDERSON, GROVER J.			NAME			
STREET ADDRESS	3823 OWENS ROAD			STREET ADDRESS			
CITY-ST-ZIP	YULEE FL 32097			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, WILLIAM			NAME			
STREET ADDRESS	3823 OWENS ROAD			STREET ADDRESS			
CITY-ST-ZIP	YULEE FL 32097			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, JEROME A.			NAME			
STREET ADDRESS	1556 3RD AVE., SUITE 504			STREET ADDRESS			
CITY-ST-ZIP	NEW-YORK NY 10128			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGREEN, BERNARD D.			NAME			
STREET ADDRESS	3823 OWENS ROAD			STREET ADDRESS			
CITY-ST-ZIP	YULEE FL 32097			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Jerome A. Siegel* **Jerome A. Siegel** 9-10-02 212-410-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

Jerome A. Siegel

Accountant

1556 Third Avenue, Suite 504

New York, N.Y. 10128

Phone: (212) 410-7555

Fax: (212) 369-5651

E-mail: JASandPH@aol.com

J 88450

9-10-02

Division of Corporations
Uniform Business Report Filings
PO Box 1500

Tallahassee, FL 32302-1500

Re Tober Capital Corp
FEI 59-2838795

Dear Sir/Madam,

On behalf of the above taxpayer
I enclose its 2002 Uniform Business Report
and a check for \$550 to cover the
balance due.

Sincerely,
Jerome A. Siegel