

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90196 036 ***150.00

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**



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 **59-2838795**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HENDERSON, J. GROVER
3823 OWENS ROAD
YULEE FL 32097**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	HENDERSON, GROVER J.	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIEGEL, JEROME A.	
STREET ADDRESS	1556 3RD AVE., SUITE 504	
CITY-ST-ZIP	NEW YORK NY 10128	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BERGREEN, BERNARD D.	
STREET ADDRESS	3823 OWENS ROAD	
CITY-ST-ZIP	YULEE FL 32097	
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"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerome A. Siegel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-03

Date

212-410-7555

Daytime Phone #

CR2E034 (10/02)