

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90018 029 ***150.00

DOCUMENT # K91819

1. Entity Name
TOMICH, INC.

Principal Place of Business

**105 PATRICIA LANE
 MARATHON FL 33050
 US**

Mailing Address

**105 PATRICIA LANE
 MARATHON FL 33050
 US**

2. Principal Place of Business

42 Treasure Rd.
 Suite, Apt. #, etc.

3. Mailing Address

42 Treasure Rd.
 Suite, Apt. #, etc.

City & State

Marathon, FL

City & State

Marathon, FL

Zip

33050

Country

USA

Zip

33050

Country

USA

4. FEI Number

65-0129077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROSSARD, MICHELE
 105 PATRICIA LANE
 MARATHON FL 33050**

42 Treasure Rd.

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, 2002 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 **D** ☐ Delete

NAME **BROSSARD, THOMAS**
 STREET ADDRESS **105 PATRICIA LANE**
 CITY-ST-ZIP **MARATHON FL**

TITLE **D** ☐ Delete

NAME **BROSSARD, MICHELE**
 STREET ADDRESS **105 PATRICIA LANE**
 CITY-ST-ZIP **MARATHON FL**

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME **42 Treasure Rd.**
 STREET ADDRESS **42 Treasure Rd.**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME **42 Treasure Rd.**
 STREET ADDRESS **42 Treasure Rd.**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

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:

Michele Brossard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02
 Date

305-743-8118
 Daytime Phone #

CR2E034 (9/01)