

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L12819

FILED
Apr 15, 2003
Secretary of State

Entity Name: T & M OF SARASOTA, INC.

Current Principal Place of Business:

% KURT F. LEWIS
7852 HOLIDAY DRIVE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

% KURT F. LEWIS
7852 HOLIDAY DRIVE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 65-0141700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, KURT F.
6624 GATEWAY AVE
SARASOTA, FL 34231

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FINKLER, THOMAS G.,
Address: 7852 HOLIDAY DR
City-St-Zip: SARASOTA, FL

Title: DS () Delete
Name: FINKLER, MARLEEN D.,
Address: 7852 HOLIDAY DR
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLEEN D. FINKLER

DS

04/15/2003

Electronic Signature of Signing Officer or Director

_____ Date