

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90016 037 ***150.00

A0071014

DO NOT WRITE IN THIS SPACE

DOCUMENT # P0000002434																																			
1. Entity Name Tol Fusia + Mark Swierzewski, mdf, PA ✓																																			
Principal Place of Business 4302 N. Habana Ave. Suite 200 Tampa, FL 33607		Mailing Address 16202 West Course Dr. Tampa, FL 33624																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 16202 West Course Drive Suite, Apt. #, etc.																																	
City & State Tampa, FL		City & State Tampa, FL																																	
Zip 33624	Country USA	4. FEI Number 54-3616490																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable																																	
6. Name and Address of Current Registered Agent Financial Foundations Inc. 3150 Sandy Ridge Dr. Clearwater, FL 33761		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
11. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE <input type="checkbox"/> Delete NAME Travis Bond STREET ADDRESS 4302 N. Habana Ave, Suite 200 CITY-ST-ZIP Tampa, FL 33607 </td> <td style="width:50%;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE <input type="checkbox"/> Delete NAME Travis Bond STREET ADDRESS 4302 N. Habana Ave, Suite 200 CITY-ST-ZIP Tampa, FL 33607	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP															12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%;"> TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP														
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3. 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:		Date 5/1/01 Daytime Phone # 813/264-5951																																	

CR2E034 (11/00)