

2001 UNIFORM BUSINESS REPORT (UBR)

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

01-25-2001 90019 016 ***150.00

DOCUMENT # P00000004911

f. Entity Name

J. TOBIN ENTERPRISES, INC.

Principal Place of Business

**1802-102 N. UNIVERSITY DRIVE
 PLANTATION FL 33322**

Mailing Address

**1802-102 N. UNIVERSITY DRIVE
 PLANTATION FL 33322**

2. Principal Place of Business

6919 W. Broward Blvd

3. Mailing Address

6919 W. Broward Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

Zip

33327

Country

Zip

33327

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1026569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOBIN, PAUL M

1802-102 N. UNIVERSITY DRIVE

PLANTATION FL 33322

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 \$550.00

After September 12, 2001 Fee will be \$750.00

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 **P** ☐ Delete
 NAME **TOBIN, PAUL M**
 STREET ADDRESS **1802-102 N. UNIVERSITY DRIVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **6919 W. Broward Blvd**
 STREET ADDRESS **Plantation FL 33317**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/01
 Date

(954) 585-8320
 Daytime Phone #

CR2E034 (5/01)