

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

09-19-2002 90160 007 *****61.25
FILED P00000017783
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P00000017783

1. Entity Name

Toomer & Associates, Inc.

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DO NOT WRITE IN THIS SPACE

B0139694

2. Principal Place of Business
7070 California St.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 15197
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Brooksville, Florida
Zip
34604
Country
USA

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Brooksville, Florida
Zip
34604
Country
USA

4. FEI Number
59-3631958
Applied For
☐ Not Applicable

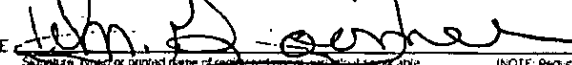
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
William G. Toomer
Street Address (P.O. Box Number is Not Acceptable)
7070 California St.
City
Brooksville FL Zip Code
34604

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  William G. Toomer 9/17/2002
Signature Typed or printed name of registered agent is acceptable. (NOTE: Registered Agent signature required when certifying) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President William G. Toomer 7070 California St. Brooksville, FL. 34604	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/Sec. Cheryl L. Toomer 7070 California St. Brooksville, FL. 34604	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Operations Glen D. Caldwell 9935 SW 160th St. Dunnellon, FL. 34432	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

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

9/17/2002 352-544-1256
Date Daytime Phone #

CR2E034B (12/01)

9/24/02
aw