2002 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

ed agent and title if applicable

Suite, Apt. #, etc.

5395 S. RIDGEWOOD AVE.

ALLANDALE FL 32127

P00000029389 **DOCUMENT #** 1. Entity Name TOM'S DOCK, INC.

Principal Place of Business

5395 S. RIDGEWOOD AVE.

2. Principal Place of Business

XXXXXAMOHTQNBY3AC

5395 S. RIDGEWOOD AVE. **ALLANDALE FL 32127**

9. This corporation is eligible to satisfy its Intangible

Country

6. Name and Address of Current Registered Agent

ALLANDALE FL 32127

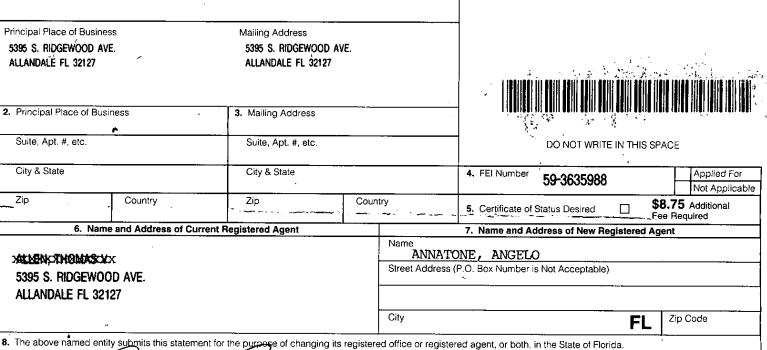
Suite, Apt. #, etc.

City & State

Zip

FILED May 27, 2002 8:00 am Secretary of State

05-27-2002 90464 001 ***150.00



DATE

Tax filing requirement and elects to do so (See criteria on back)			After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		Trust Fund Contribution.		May Be to Fees
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TALLEN, THOMAS V 5395 S. RIDGEWOOD AVE. ALLANDALE FL 32127	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5395 S	NE, ANGELO RIDGEWOOD AVE	∑ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP			☐ 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

Country

FILE NOW!!! FEE IS \$150.00

Name

City

(NOTE: Registered Agent signature required when reinstating)

SIGNATURE

of the corporation or the receiver changed, or on an attachment wi

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

PSTD

05/01/02

Daytime Phone #