

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90079 009 ***150.00

DOCUMENT # P00000066986

1. Entity Name

TOMBSTONE PROPERTY MANAGEMENT, INC.

Principal Place of Business

**2090 S. NOVA RD., SUITE AA05
S. DAYTONA FL 32119**

Mailing Address

**2090 S. NOVA RD., SUITE AA05
S. DAYTONA FL 32119**

2. Principal Place of Business

1166 S. Beach St

Suite, Apt. #, etc.

3. Mailing Address

1166 S. Beach St.

Suite, Apt. #, etc.

City & State

Daytona Beach FL

City & State

Daytona Beach FL

4. FEI Number

59-3658477

Applied For

Not Applicable

Zip

32114

Country

USA

Zip

32114

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCIABLO, THOMAS
2090 S. NOVA RD., SUITE AA05
S. DAYTONA FL 32119**

Name

Street Address (P.O. Box Number is Not Acceptable)

1166 S. Beach St.

City

Daytona Beach

FL

Zip Code

32114

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

Thomas Scianablo
Signature, typed or printed name of registered agent and title if applicable.

Thomas Scianablo President

DATE

4/27/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SCIABLO, THOMAS**
STREET ADDRESS **3460 COUNTRY WALK DR.**
CITY-ST-ZIP **PORT ORANGE FL 32127**

TITLE ☒ Change ☐ Addition
NAME **5 Glen Oak Dr**
STREET ADDRESS **South Daytona**
CITY-ST-ZIP **FL 32119**

TITLE **D** ☐ Delete
NAME **SCIABLO, PETER**
STREET ADDRESS **30 SPINAKER CIR.**
CITY-ST-ZIP **S. DAYTONA FL 32119**

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

TITLE ☐ Delete
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

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

**Thomas Scianablo
President**

Date

4/27/01

Daytime Phone #

(386) 255-3022

CR2E034 (10/00)