

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90011 048 ***550.00

DOCUMENT # P000000911661. Entity Name
TOMCATS VENTURES, INC.

Principal Place of Business

353053RD AVENUE WEST**BRADENTON FL 34210**

Mailing Address

353053RD AVENUE WEST**BRADENTON FL 34210**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1049579

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SIMON, DAVID S ESQ
1800 2ND ST, STE 700
SARASOTA FL 34236**

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. I am familiar with, and accept the obligations of registered agent.

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 \$650.00****After September 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TOM, CHRISTOPHER J**
STREET ADDRESS **3630 53RD AVE W**
CITY-ST-ZIP **BRADENTON FL 34210**TITLE **TOM, CHRISTOPHER J.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3530 53RD AVE WEST**
CITY-ST-ZIP **(PLEASE CORRECT)**TITLE **VP** ☐ Delete
NAME **TOM, KIMBERLY D**
STREET ADDRESS **3620 53RD AVE WEST**
CITY-ST-ZIP **BRADENTON FL 34210**TITLE **TOM, KIMBERLY D.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3530 53RD AVE WEST.**
CITY-ST-ZIP **(PLEASE CORRECT)**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)