

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

FILED

03 APR -8 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038400

1. Entity Name
Tomasita Cortez Associates, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
815 E. Main Street

Suite, Apt. #, etc.

3. Mailing Address
217 W. Palmetto St.

Suite, Apt. #, etc.

REINSTATEMENT 02-03

DO NOT WRITE IN THIS SPACE

City & State
Wauchula FL

Zip
33873

Country

City & State
Wauchula FL

Zip
33873

Country

4. FEI Number
65-1096565

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 **RITA MASTERSON**

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

217 W Palmetto Street

City **Wauchula FL** Zip Code **33873**

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 **Rita Mastersen**

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

3-25-03

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR/PRESIDENT
Tomasita Cortez
403 W MAIN ST
BOWLING GREEN, FL 33834**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**700015471767
04/08/03--01056--003 **200.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR/VICE PRESIDENT
ISRAEL CORTEZ
403 W MAIN ST
BOWLING GREEN, FL 33834**

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tomasita Cortez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03 863-767-0639
Date Daytime Phone #

CR2E034B (12/02)

21 415