

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90109 015 ***150.00

DOCUMENT # P01000053062

1. Entity Name
TOMASETTI CUSTOM FURNITURE, INC.

Principal Place of Business

4155 DOW RD., SUITE V
 MELBOURNE FL 32935

Mailing Address

4155 DOW RD., SUITE V
 MELBOURNE FL 32935

2. Principal Place of Business

937 Ivanhoe St NW
 Suite, Apt. #, etc.

3. Mailing Address

937 Ivanhoe St NW
 Suite, Apt. #, etc.

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

59-3723240

Applied For

Not Applicable

Zip

32907

Country

USA

Zip

32907

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMASETTI, CHRISTINE
 803 W. CENTRAL BLVD.
 MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

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

937 Ivanhoe St NW

City

Palm Bay

FL

Zip Code

32907

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

Christine Tomasetti VP

4/16/02

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 \$150.00
After May 1, 2002 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	TOMASETTI, DAVID	
STREET ADDRESS	803 W. CENTRAL BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	TOMASETTI, CHRISTINE	
STREET ADDRESS	803 W. CENTRAL BLVD.	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASETTI, DAVID	
STREET ADDRESS	937 Ivanhoe St NW	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASETTI, Christine	
STREET ADDRESS	937 Ivanhoe St NW	
CITY-ST-ZIP	Palm Bay FL 32907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Christine Tomasetti

Christine Tomasetti

4/16/02 321-951-9464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)