

Attachment

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

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

05-27-2002 90424 023 \*\*\*150.00

DOCUMENT # **P010000061140** ✓

1. Entity Name

**Samurai Tom Inc**

010420

2. Principal Place of Business

**5353 Pale Horse Dr**  
Suite, Apt. #, etc.

3. Mailing Address

**5353 Pale Horse Dr**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Orlando FL**  
Zip Country

City & State

**Orlando FL**  
Zip Country

4. FEI Number

**59-3744878**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name **Tom McCoy**

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

**5353 Pale Horse Drive**

City **Orlando**

Zip Code **32818**

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

**Tom E. McCoy**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**5/1/02**  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

10. Election Campaign Financing  
Trust Fund Contribution:

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Owner  
Tom McCoy  
5353 Pale Horse Dr, Orlando FL  
32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Co-owner  
Bill McCoy  
5353 Pale Horse Drive,  
Orlando FL 32818**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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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 on an attachment with an address, with all other like empowered.

**Tom E. McCoy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Tom E. McCoy**

**5/1/02**  
DATE

**407 299 9096**  
Daytime Phone