

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90150 027 ***150.00

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DOCUMENT # P01000084295

1. Entity Name
TOBCO, INC.



Principal Place of Business
**114 LIGHTHOUSE DRIVE
JUPITER FL 33469**

Mailing Address
**114 LIGHTHOUSE DRIVE
JUPITER FL 33469**



2. Principal Place of Business

3. Mailing Address

282 Brier Circle

282 Brier Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

65-1141457

Applied For

Not Applicable

Zip

Country

33458 USA

Zip

Country

33458 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

**COCOTOS, PETER
777 SOUTH FLAGLER STREET, SUITE 300
WEST PALM BEACH FL 33401**

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

Peter Cocotos

4/10/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COCOTOS, PETER**
STREET ADDRESS **114 LIGHTHOUSE DRIVE**
CITY-ST-ZIP **JUPITER FL 33469**

TITLE ☒ Change ☐ Addition
NAME **282 Brier Circle**
STREET ADDRESS **Jupiter FL 33458**
CITY-ST-ZIP **33458**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peter Cocotos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2003

Date

581 248 3205

Daytime Phone #

CR2E034 (10/02)