

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90314 036 \*\*\*150.00

**DOCUMENT #** P01000109636

1. Entity Name

TOMLINSON ENTERPRISES, INC.



Principal Place of Business

13 CLIPPER COURT  
ST. AUGUSTINE FL 32080

Mailing Address

13 CLIPPER COURT  
ST. AUGUSTINE FL 32080

2. Principal Place of Business

1 ROLLER LANE

3. Mailing Address

1 ROLLER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

PALM COAST, FL

4. FEI Number

58-2665521

Applied For

Not Applicable

Zip

32164

Country

USA

Zip

32164

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMLINSON, ROBERT E JR.  
13 CLIPPER COURT  
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name KENNETH R. KESGEB CPA

Street Address (P.O. Box Number is Not Acceptable)  
1200 PLANTATION ISLAND DR.

City PALM COAST ST. AUGUSTINE FL

Zip Code 32080

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

*Kenneth Kesgeb*

1/27/03

Signature, typed or printed name of registered agent and fee 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

TITLE D  
NAME TOMLINSON, ROBERT E JR.  
STREET ADDRESS 13 CLIPPER COURT  
CITY-ST-ZIP ST. AUGUSTINE FL 32080 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP 1 ROLLER LANE  
PALM COAST, FL 32164 ☒ Change ☐ Addition

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

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

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

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

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

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)