FILED
Jun 12, 2003 8:00 am
Secretary of State
05-02-2003 90144 001 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55047687

[redacted]

DOCUMENT # P02000102018

1. Entity Name
TOVORI, INC.

Principal Place of Business
4920 15TH, AVENUE SOUTH
GULF PORT, FL 33707

Mailing Address
4920 15TH, AVENUE SOUTH
GULF PORT, FL 33707

[redacted]

2. Principal Place of Business: 4920 15 AVE S
Suite, Apt. #, etc.: #6
City & State: GOLF PORT FL 33707
Zip / Country

3. Mailing Address: 4920 15 AVE S GOLF POR
Suite, Apt. #, etc.: #6
City & State: FLORIDA 33707
Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 45-0491003 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TAVORI, AVIGDOR
2007 ALPINE ROAD
APT. # 23
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent
Name: TAVORI AVIGDOR
Street Address (P.O. Box Number is Not Acceptable): 5816 PIERCE DR N.E
City: ST. PETERSBURG FL Zip Code: 33703

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 ______ DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. TAVORI AVIGDOR ☐ Delete 5816 PIERCE DR ST. PETERSBURG FLORIDA 33703	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: TAVORI, AVIGDOR 4/29/03 813-?72-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #