

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 040 ***150.00

DOCUMENT # P05000165450
1. Entity Name
TOM MASTROMARINO TENNIS SERVICES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
116 FAIRVIEW WEST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TEQUESTA, FL			
Zip	Country	Zip	Country
33469			

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
20-3839060		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	Zip Code
	FL	

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:

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$41.25

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.	
TITLE	PRESIDENT	TITLE	
NAME	THOMAS J MASTROMARINO	NAME	
STREET ADDRESS	116 FAIRVIEW WEST	STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA, FL 33469	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shane Foradori THOMAS J MASTROMARINO

SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2007

Date

(561) 748-6507

Daytime Phone #