

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078885

1. Entity Name

TOMCO ENTERPRISES, INC.

FILED

Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90023 013 ***150.00

Principal Place of Business

Mailing Address

17264 SAN CARLOS BLVD
SUITE 302
FORT MYERS BEACH FL 33904
US

17264 SAN CARLOS BLVD
SUITE 302
FORT MYERS BEACH FL 33904-5004
US

847017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2189 Wooddale Drive

3. Mailing Address

2189 Wooddale Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Ft. Myers, FL

4. FEI Number

65-0450870

Applied For

Not Applicable

Zip

33907

Country

US

Zip

33907

Country

US

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

~~BOYD, SANDRA~~
~~17264 SAN CARLOS BLVD~~
~~SUITE 302~~
~~FORT MYERS BEACH FL 33904~~

Name: Boyd, Tom R.

Street Address (P.O. Box Number is Not Acceptable)
2189 Wooddale Drive

City: Ft. Myers

FL

Zip Code
33907

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

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

Tom R. Boyd, President

(NOTE: Registered Agent signature required when reinstating)

04/17/00

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS BOYD, TOM R
CITY-ST-ZIP 2189 WOODDALE DR
FORT MYERS FL 33907

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

TITLE ☐ Delete
NAME D
STREET ADDRESS BOYD, SANDRA G
CITY-ST-ZIP 2189 WOODDALE DR
FORT MYERS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

Tom R. Boyd, President

04/17/00

941-278-5917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CF 1024 (9/97)