

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90004 049 ***150.00

DOCUMENT # P93000081477

1. Entity Name

TOMES & TREASURES, INC.

Principal Place of Business

**408 S. HOWARD AVE
TAMPA FL 33606**

Mailing Address

**408 S. HOWARD AVE
TAMPA FL 33606**

2. Principal Place of Business

406 S. Howard Ave

3. Mailing Address

406 S Howard Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3213006

Applied For

Not Applicable

Zip

33606

Country

USA

Zip

33606

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KANOUFF, WILLIAM
408 S. HOWARD AVE
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name *KANOUFF William*

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

406 S. Howard Ave

City *Tampa*

FL

Zip Code *33606*

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

William Kanouff

1/24/02

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **PD** ☐ Delete
NAME **KANOUFF, WILLIAM**
STREET ADDRESS **408 S. HOWARD AVE**
CITY-ST-ZIP **TAMPA FL 33606**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *President* ☒ Change ☐ Addition
NAME *William Kanouff*
STREET ADDRESS *406 S Howard Ave*
CITY-ST-ZIP *Tampa FL 33606*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

William Kanouff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/02 813 251-9368

CR2E034 (9/01)