

OCT-29-2002 09:36

CASI/ GLUCK P.A.

954 581 6959

P.02/03

**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9500003510

1. Entity Name

35156

P. TOBIN ENTERPRISES, INC.

FILED

02 NOV -6 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA500008807035  
11/05/02--01063--001 \*\*61.25**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

401 E LAS OLAS BLVD

3. Mailing Address

318 Indian TRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

186

City &amp; State

FT. LAUDERDALE

City &amp; State

WESTON FL

4. FEI Number

65-0577820

Applied For

Not Applicable

Zip

33301

Country

USA

Zip

33326

Country

USA

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

7. Name and Address of Current Registered Agent

Name

Paul Tobin

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

401 E LAS OLAS BLVD

City

FT. LAUDERDALE

FL

Zip Code

33301

**DO NOT WRITE  
IN THIS SPACE**

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 said if applicable

(NOTE: Registered Agent signature required when reinstating)

10/24/02  
DATE9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

|                |                       |
|----------------|-----------------------|
| TITLE          | PRESIDENT             |
| NAME           | PAUL TOBIN            |
| STREET ADDRESS | 318 Indian TRACE #186 |
| CITY-ST-ZIP    | WESTON FL 33326       |
| TITLE          | V.P.                  |
| NAME           | JULIE TOBIN           |
| STREET ADDRESS | 318 Indian Trace #186 |
| CITY-ST-ZIP    | WESTON FL 33326       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| CITY-ST-ZIP    |                       |
| TITLE          |                       |
| NAME           |                       |
| STREET ADDRESS |                       |
| 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

954-581-6959