OCT-29-2002 09:42 CASI/ GLUCK P.A. 954 581 6959 P.02/03

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000035l6

1. Entity Name

P. TOBIN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 E LAS OLAS BLVD	318 Indian Trace
Suite, Apt. #, etc.	Suite, Apt. #, etc. 186
City & State FT. LAUDERDALE	City & State Weston FL
Zip 33301 Country USA	Zip 33326 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0577820 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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: X [signature] 10/24/02

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) ☐

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	314 Indian Trail #186
CITY-ST-ZIP	Weston FL 33326
TITLE	V.P.
NAME	JULIE TOBIN
STREET ADDRESS	314 Indian Trail #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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 954-474-4559

Date Daytime Phone #