

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90056 048 ***158.75

DOCUMENT # P95000044523

1. Entity Name

T&O UNLIMITED, INC.

Principal Place of Business

**2138 K UNIVERSITY MALL
TAMPA FL 33612**

Mailing Address

**2138 K UNIVERSITY MALL
TAMPA FL 33612**

2. Principal Place of Business

3. Mailing Address

2223 N. Westshore Blvd

2223 N. Westshore Blvd

Suite, Apt., etc.

Suite, Apt., etc.

B 8

B 8

City & State

TAMPA FL

City & State

TAMPA FL

Zip **33607**

Country

Hillborough

Zip **33607**

Country

Hillborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3326922

Applied For

Not Applicable

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

**HEISTER, STEVEN
4711 S HIMES AVE
#1909
TAMPA FL 33611**

**HEISLER, STEVEN
1028 NORMANDY TRAIL RD
TAMPA, FL 33602**

Name

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

City

FL

Zip Code

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

Steven Heisler

STEVEN Heisler

President

4/20/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete
NAME **HEISLER, STEVEN**
STREET ADDRESS **4711 S HIMES AVE #1909**
CITY-ST-ZIP **TAMPA FL 33611**

TITLE ☒ Change ☐ Addition
NAME **HEISLER STEVEN**
STREET ADDRESS **1028 NORMANDY TRAIL RD**
CITY-ST-ZIP **TAMPA, FL 33602** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

STEVEN Heisler
STEVEN Heisler

4/20/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)