

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090029

1. Entity Name  
TOMAR CONSTRUCTION, INC.

**FILED**  
Aug 12, 2002 8:00 am  
Secretary of State

08-12-2002 90001 009 \*\*\*550.00

Principal Place of Business  
~~15621 HICKORY LANE~~  
~~FERDALE FL 34729~~

Mailing Address  
~~P.O. BOX 90~~ **PO BOX 65**  
~~FERDALE FL 34729~~ **MINNEOLA FL 34755**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**928 SCENIC VIEW CIR.**

3. Mailing Address  
**PO BOX 65**

Suite, Apt. #, etc.

City & State  
**CLERMONT FL, MINNEOLA FL.**

Zip  
**34711 LAKE 34755 LAKE**

4. FEI Number **59-3344422**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**PECHOS, THOMAS M.**  
~~15621 HICKORY LANE~~ **928 SCENIC VIEW CIRCLE**  
~~FERDALE FL 34729~~ **CLERMONT, FL 34711**

7. Name and Address of New Registered Agent  
Name **PECHOS THOMAS M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**928 SCENIC VIEW CIRCLE**  
City **CLERMONT** FL Zip Code **34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas M. Pechos*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8-7-02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	PECHOS, THOMAS	<del>15621 HICKORY LANE</del> <b>change</b>	<del>FERDALE FL 34729</del>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

*Thomas M. Pechos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8-8-02 252-267-9077**  
Date Daytime Phone #

CR2E034 (4/02)