## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 14, 2001 8:00 am Secretary of State **DOCUMENT # P95000092797** ROBERT R. TOLFA BUILDERS, INC. 03-14-2001 90502 025 \*\*\*150.00 Principal Place of Business Mailing Address 1850 EVARD COURT 1850 EVARD COURT DELTONA FL 32738 DELTONA FL 32738 UTUUUUTU 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3348779 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required-7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOLFA, ROBERT R Street Address (P.O. Box Number is Not Acceptable) 1850 EVARD COURT **DELTONA FL 32738** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. [7] Change ☐ Addition ☐ Delete TITLE TITLE TOLFA, ROBERT R NAME 1850 EVARD COURT STREET ADDRESS STREET ADDRESS **DELTONA FL 32738** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition □ Delete TITLE TOLFA, JACQUELINE M NAME NAME 1850 EVARD COURT STREET ADDRESS STREET ADDRESS **DELTONA FL** CITY-ST-7IE CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITI F NAME STREET ADDRESS 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

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

OBERT R. TOLFA 3/10/01