

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094674

1. Entity Name

TOMASSO & COP, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90023 048 ***150.00

Principal Place of Business
2263 W NEW HAVEN AVE
SUITE 379
WEST MELBOURNE FL 32904
US

Mailing Address
2263 W. NEW HAVEN AVENUE
SUITE 379
WEST MELBOURNE FL 32904-3805

00011033



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2263 W. NEW HAVEN AVE

3. Mailing Address
2263 W. NEW HAVEN AVE.

Suite, Apt. #, etc.
PMB # 379

Suite, Apt. #, etc.
PMB # 379

City & State
WEST MELBOURNE FL.

City & State
WEST MELBOURNE, FL.

4. FEI Number 59-3406707

Applied For
Not Applied

Zip
32904

Country
BREVARD

Zip
32904

Country
BREVARD

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

COP, RICHARD J
2518 PINEHURST CIR
MELBOURNE FL 32901

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

Richard J. Cop RICHARD J. COP, PRESIDENT

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
COP, RICHARD J
2518 PINEHURST CIR
MELBOURNE FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
COP, RICHARD J
2518 PINEHURST CIR
MELBOURNE FL ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

Richard J. Cop RICHARD J. COP JAN 25, 2000 321-956-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #