## 2000 UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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12.

TITLE

NAME

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Name

City

City & State

## DOCUMENT # P97000046821

Country

Suite, Apt. #, etc.

HENDERSON, TOM

39650 US HWY 19 N #144 TARPON SPRINGS FL 34689

9. This corporation is eligible to satisfy its Intangible

HENDERSON, TOM

GAVIN, KATHLEEN

39650 US HWY 19 N #144

39650 US HWY 19 N #144

**TARPON SPRINGS FL 34689** 

**TARPON SPRINGS FL 34689** 

Tax filing requirement and elects to do so.

City & State

Zip

SIGNATURE .

11.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF TITLE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

CITY-ST-ZIF

(See criteria on back)

## TOMKAT CALIBRATIONS INC.

Mailing Address
39650 US HWY 19 N #144 TARPON SPRINGS FL 34689-3932
3 Mailing Address

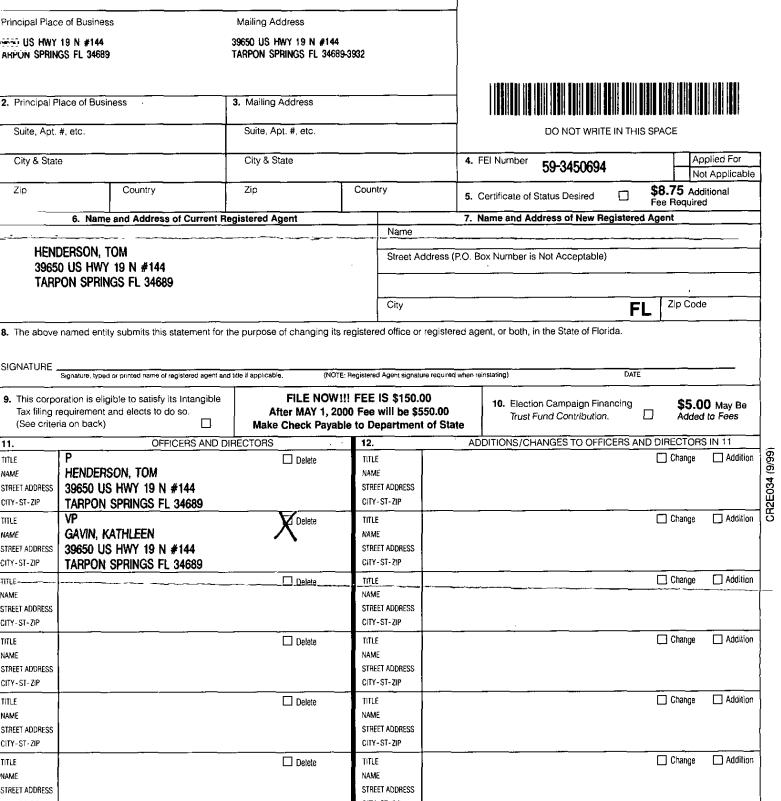
6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

## FILED May 08, 2000 8:00 am Secretary of State

05-08-2000 90107 010 \*\*\*150.00



CITY-ST-ZIP 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: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2000 227.934-877