

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022597

1. Entity Name

TOLLIS ENTERPRISES, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90125 021 ***150.00

Principal Place of Business

357 6TH AVE. W.
BRADENTON FL 34205

Mailing Address

357 6TH AVE. W.
BRADENTON FL 34205-8820

2. Principal Place of Business

703 60TH ST. CT. E.
Suite, Apt. #, etc.
SUITE G
City & State
BRADENTON FL.
Zip
34208
Country

3. Mailing Address

703 60TH ST. CT. E.
Suite, Apt. #, etc.
SUITE G
City & State
BRADENTON FL.
Zip
34208
Country

4. FEI Number

65-0824156

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

TOLLIS, DAVID R
357 6TH AVE. W.
BRADENTON FL 34205

Name

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

703 60TH ST. CT. E.
SUITE G
City
BRADENTON FL
Zip Code
34208

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01-27-00

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 | D TOLLIS, DAVID R 11415 WATERWILLOW AVENUE BRADENTON FL 34202 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6307 WALTON HARTH PL. UNIVERSITY PARK, FL. 34201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-00

Date

941-355-7252

Daytime Phone #

CR2E034 (9/99)