2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State
07-16-2002 90346 019 ***150.00

DOCUMENT # P98000051025

1. Entity Name
TOMKAR, INC.

Principal Place of Business	Mailing Address
231 W. VENICE AVE VENICE FL 34285	231 W. VENICE AVE VENICE FL 34285

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
231 W. Venice Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice	City & State
Zip: 34285 Country: SARASOTA	Zip / Country

4. FEI Number 65-0841990 ☐ 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
CARNEY, THOMAS J 445 BAYSHORE DR. VENICE FL 34285	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas J Carney 7/2/02
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 $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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARNEY, THOMAS J 445 BAYSHORE DR VENICE FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARNEY, KARYN M 445 BAYSHORE DR VENICE FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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 J Carney PUIF/Thomas J. Carney 7/2/02 941-4809244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

To Whom it May Concern Dkt.# P980005102S-119581

I did not recieve my original form in January. I understand there is a one time waiver of the late fee. I have enclosed a check for $150.00 for the original amount. If you have any questions, please contact me at 941-480-9244

Thank You
Thomas Janney