

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90197 045 \*\*\*150.00

0108199 AV

DOCUMENT # P98000058486

1. Entity Name

TOMA CONSTRUCTION, INC.

Principal Place of Business

970 SCANDIA LANE  
ORLANDO FL 32825

Mailing Address

970 SCANDIA LANE  
ORLANDO FL 32825

2. Principal Place of Business

117 Filbert St.

Suite, Apt. #, etc.

3. Mailing Address

117 Filbert St.

Suite, Apt. #, etc.

City &amp; State

Sebastion, Fl.

City &amp; State

Sebastion, Fl.

Zip

32958

Country

Indian River

Zip

32958

Country

Indian River

4. FEI Number

59-3526097

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

QUINN, THOMAS J  
970 SCANDIA LANE  
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name  
Thomas J. Quinn Jr.

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

117 Filbert St.

City

Sebastion

FL

Zip Code

32958

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 Thomas J. Quinn Jr. P

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, 2002 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	QUINN, THOMAS J	
STREET ADDRESS	970 SCANDIA LANE	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	QUINN, MARYLOU	
STREET ADDRESS	970 SCANDIA LANE	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Quinn Jr.	
STREET ADDRESS	117 Filbert St.	
CITY-ST-ZIP	Sebastion, Fl. 32958	

TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Quinn	
STREET ADDRESS	970 Scandia Lane	
CITY-ST-ZIP	Orlando, Fl. 32825	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Quinn Jr. P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31/13/02 5612388 4740

Date

Daytime Phone #

CR2E034 (9/01)