

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90032 012 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000080644

1. Entity Name
TOMASKO MANAGEMENT CORPORATION

Principal Place of Business Mailing Address

8330 GARRISON CIRCLE **PO BOX 280576**
TAMPA FL 33615 **TAMPA FL 33682-0576**

2. Principal Place of Business 3. Mailing Address

8711 HICKORYWOOD LANE Suite, Apt. #, etc.

City & State City & State

TAMPA, FLORIDA

Zip Country Zip Country

33615- USA

4. FEI Number Applied For

59-3535714 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

☐

6. Name and Address of Current Registered Agent

TOMASKO, JAMIE L
8330 GARRISON CIRCLE
TAMPA FL 33615

7. Name and Address of New Registered Agent

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 *[Signature]* **SIGNED IN ERROR SEE BELOW** DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<input type="checkbox"/> Delete
NAME	PVST
STREET ADDRESS	TOMASKO, JAMIE L
CITY-ST-ZIP	8330 GARRISON CIRCLE
	TAMPA FL 33615
TITLE	<input type="checkbox"/> Delete
NAME	D
STREET ADDRESS	TOMASKO, JAMIE L
CITY-ST-ZIP	8330 GARRISON CIRCLE
	TAMPA FL 33615
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *[Signature]* 01-02-01 813-966-4557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)