

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90111 005 ***150.00

DOCUMENT # P99000000369

1. Entity Name
THERESA W. TOLLE, RPH, INC.

Principal Place of Business Mailing Address
156 PALM CIRCLE 156 PALM CIRCLE
MELBOURNE FL 32940-7237 MELBOURNE FL 32940-7237

2. Principal Place of Business 3. Mailing Address
5797 Treasure Lane 5797 Treasure Lane
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Grant, FL Grant, FL

Zip Country Zip Country
32949 USA 32949 USA

4. FEI Number **59-3552306** 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

TOLLE, THERESA W.
156 PALM CIRCLE
MELBOURNE FL 32940-7237

Name
 Street Address (P.O. Box Number is Not Acceptable)
5797 Treasure Lane
 City **Grant** **FL** Zip Code **32949**

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 *Theresa W. Tolle* 3/30/01
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **TOLLE, THERESA W**
 CITY-ST-ZIP **156 PALM CIR**
MELBOURNE FL 32940

TITLE ☒ Change ☐ Addition
 NAME **5797 Treasure Lane**
 STREET ADDRESS **Grant, FL 32949**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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: *Theresa W. Tolle* 3/30/01 321-733-6508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)