

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015308

1. Entity Name

TOMES RABOLD ADVERTISING & DESIGN, INC.

FILED

Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90005 036 ***550.00

Principal Place of Business

6080 N.W. 67TH AVE. RD.
OCALA FL 34482

Mailing Address

6080 N.W. 67TH AVE. RD.
OCALA FL 34482-2650

2. Principal Place of Business

3423 NE Silver Springs Blvd
2B

3. Mailing Address

3423 NE Silver Springs Blvd
2B

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number

59-3553250

Applied For

Not Applicable

Zip

34470

Country

U.S.A.

Zip

34470

Country

U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KASPAR, JOHN A
2320 N.E. 2ND ST. STE. 1A
OCALA FL 34470

7. Name and Address of New Registered Agent

Tandra Rabold
3423 NE Silver Springs Blvd
Suite 2B
Ocala, FL 34470

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

6-16-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RABOLD, TOMES	
STREET ADDRESS	6080 N.W. 67TH AVE. RD.	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	Tandra Rabold	<input type="checkbox"/> Delete
NAME	3423 NE Silver Springs Blvd 2B	
STREET ADDRESS	Ocala, FL 34470	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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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		<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
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-16-00 352-6227115