

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042992

1. Entity Name

TOLSON ENTERPRISES, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90098 039 ***150.00

Principal Place of Business

287 N HIGH STREET
LAKE HELEN FL 32744

Mailing Address

P O BOX 346
LAKE HELEN FL 32744-0346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3575042

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

TOLSON, ROBERT C
287 N HIGH STREET
LAKE HELEN FL 32744

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.

ROBERT C. TOLSON

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-03-2000

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
TOLSON, DONNA
287 N HIGH STREET
LAKE HELEN FL 32744

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
TOLSON, ROBERT C
287 N HIGH STREET
LAKE HELEN FL 32744

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☐ Change ☐ Addition

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 609, 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.

ROBERT C. TOLSON

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-2000

Date

Daytime Phone #