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Aug 08, 2001 8:00 am
Secretary of State
05-23-2001 91169 016 ***150.00

Apr 30 01 05:16p

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070698
TOMMYS ISLAND

77273

[redacted]

Principal Place of Business: 436 PLUMOSA AVE CASSELBERRY, FLA 32707
Mailing Address:

2. Principal Place of Business: 436 PLUMOSA AVE
Suite, Apt #, etc.
City & State: CASSELBERRY FLA.
Zip / Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3594428 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUSAN LEONARD
685 MAYO AVE
MAITLAND, FL 32751

7. Name and Address of New Registered Agent
Name: SAME AS PREVIOUS
Street Address (P.O. Box Number is Not Acceptable)
City 7/25/01 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: Susan Leonard President 6/15/01
Signature, typed or printed name of registered agent and title if applicable. 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. ☐ $6.00 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	PRESIDENT SUSAN LEONARD 436 PLUMOSA AVE CASSELBERRY FLA. 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: JOE SILVESTRI OFFICER 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/25/01

Attachment Doc#
P99000070698
77873

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 18, 2001

TOMMYS ISLAND, INC.
436 PLUMOSA AVE
CASSELBERRY, FL 32707

SUBJECT: TOMMYS ISLAND, INC.
Ref. Number: P99000070698

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Tyrone Scott
Document Specialist

Letter Number: 801A00042028