

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED

Jun 29, 2000 8:00 am
Secretary of State

05-26-2000 90121 008 ***150.00

DOCUMENT # P99000108434

1. Entity Name

TOMKAT SERVICES, INC.

R

Principal Place of Business

Mailing Address

3176 PALMETTA AVE
CRESTVIEW FL 32539

3176 PALMETTA AVE
CRESTVIEW FL 32539

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

59-3613695

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

A&A BOOKKEEPING & TAX SERVICES, INC.

1455 S FERDON BLVD, STE A-1
CRESTVIEW FL 32539

Name

Thomas D Pereira

Street Address (P.O. Box Number is Not Acceptable)

3176 Palmetta Ave

City

Crestview

FL

Zip Code

32539

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

Thomas D Pereira

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, 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 P ☐ Delete

NAME PEREIRA, KATHY L
STREET ADDRESS 3176 PALMETTA AVE
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ☐ Change ☐ Addition

TITLE VST ☐ Delete

NAME PEREIRA, THOMAS D
STREET ADDRESS 3176 PALMETTA AVE
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

Thomas D Pereira

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/2/00

Daytime Phone #

450-643-5759

CR2034 (9/99)