

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108434

1. Entity Name
TOMKAT SERVICES, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90986 009 ***150.00

Principal Place of Business

**3176 PALMETTA AVE
CRESTVIEW FL 32539**

Mailing Address

**3176 PALMETTA AVE
CRESTVIEW FL 32539**

2. Principal Place of Business

913 Maracel Loop

Suite, Apt. #, etc.

3. Mailing Address

913 Maracel Loop

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crestview, FL

Zip

32536

Country

USA

City & State

Crestview, FL

Zip

32536

Country

USA

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

**PERERIA, THOMAS D
3176 PALMETTO AVE
CRESTVIEW FL 32539**

7. Name and Address of New Registered Agent

Name

Pereria, Thomas D.

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

913 Maracel Loop

City

Crestview

FL

Zip Code
32536

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 *Kathy Pereira*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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

TITLE **P** ☐ Delete
NAME **PEREIRA, KATHY L**
STREET ADDRESS **3176 PALMETTA AVE**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **VST** ☐ Delete
NAME **PEREIRA, THOMAS D**
STREET ADDRESS **3176 PALMETTA AVE**
CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Pereira, Kathy L.**
STREET ADDRESS **913 Maracel Loop**
CITY-ST-ZIP **Crestview, FL 32536**

TITLE **VST** ☒ Change ☐ Addition
NAME **Pereira, Thomas D.**
STREET ADDRESS **913 Maracel Loop**
CITY-ST-ZIP **Crestview, FL 32536**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Kathy Pereira*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)