

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90227 031 ***150.00

DOCUMENT # S15575

1. Entity Name

Tom's TAKEOUT Place, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7251 N. Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address

7251 N. Federal Hwy
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton Florida

City & State

Boca Raton Florida

4. FEI Number

65-0241533

Applied For

Not Applicable

Zip

Country

33487

Zip

Country

33487 -

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tommie Lee Wright

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

7251 N. Federal Highway

City

Boca Raton

FL

Zip Code

33487

**DO NOT WRITE
IN THIS SPACE**

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

Tommie Wright

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-03

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
Tommie Lee Wright
10312 Tara Blvd
Boynton Bch FL 33

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VB
Helen Wright
10312 Tara Blvd
Boynton Bch FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Tommie Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-03 9544217771

CR2E034B (12/01)