

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90112 023 ***150.00

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DOCUMENT # S33003

1. Entity Name
TOM-KAT OF PINELLAS, INC.



Principal Place of Business
SUBWAY #1458
2801 GULF TO BAY BLVD
CLEARWATER FL 33759
US

Mailing Address
SUBWAY
6754 68TH ST NORTH
PINELLAS PARK FL 33781
US



2. Principal Place of Business
SUBWAY #1458

3. Mailing Address

Suite, Apt. #, etc.
2790-A

Suite, Apt. #, etc.

City & State
CLEARWATER FL.

City & State

4. FEI Number **59-3051839**

Applied For
Not Applicable

Zip **33759** **Country** **USA**

Zip **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIERZ, THOMAS E.
6754 68TH ST. NO.
PINELLAS PARK FL 33781

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MIERZ, THOMAS E.	
STREET ADDRESS	6754 68TH ST. NO.	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MIERZ, GEORGETTE,	
STREET ADDRESS	6754 68TH ST. N.	
CITY-ST-ZIP	PINELLAS PK., FL 34665	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas E. Mierz* **3-27-03** **727-791-6292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)