

6/11

FILED
Sep 10, 2002 8:00 am
Secretary of State

06-11-2002 90383 001 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006607

1. Entity Name

TOM & JACKIE PROPERTIES, LLC

Principal Place of Business

1880 ARLINGTON ST.
 SUITE 103
 SARASOTA FL 34239

Mailing Address

1880 ARLINGTON ST.
 SUITE 103
 SARASOTA FL 34239

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

65-112 6463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, E. J II
 200 SOUTH ORANGE AVENUE
 SARASOTA FL 34238

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.

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 \$50.00

Make Check Payable to Department of State
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
 PRESIDENT
 THOMAS F. KELLY
 STREET ADDRESS
 1880 ARLINGTON ST
 CITY-ST-ZIP
 SARASOTA FL 34239

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

TITLE NAME ☐ Delete
 SECRETARY
 JACKIE L. KELLY
 STREET ADDRESS
 1880 ARLINGTON ST
 CITY-ST-ZIP
 SARASOTA, FL 34239

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Filing Fee

(941)
 1-8-02 345-9411

CR2E083 (9/01)