

2001 UNIFORM BUSINESS REPORT (UBR)

0026703

DOCUMENT # P96000100762

1. Entity Name

TUCKER/MILLS INC.

FILED

01 JUN 29 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1343 MAHAN DRIVE
TALLAHASSEE FL 32308
US

Mailing Address

1343 MAHAN DRIVE
TALLAHASSEE FL 32308

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 59-3414065

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

SCOTT, SEAN W
3233 EAST BAY DRIVE
SUITE 104
LARGO FL 33771

Name

Christina Tucker

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

1343 Mahan Drive

City

Tallahassee

FL

Zip Code

32308

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ Delete
MILLS, DOLORES
RT 2 BOX 2008
TALLAHASSEE FL 32311

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D ☐ Delete
TUCKER, CHRISTINA A
RT 2 BOX 406
TALLAHASSEE FL 32311

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ 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: X

Christina Tucker

6/26/01

8506715200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



TUCKER-MILLS INSURANCE AGENCY, INC.

6/26/01

Dept of State
Re: #59-3414065

Enclosed is \$150.00 for our annual
registration fee that was due
by 5/1/01. Please waive the late
fee as the form was held with
my taxes by my accountant.

Thank you,

Chris Ingle