

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90029 020 \*\*\*150.00

**DOCUMENT # 377093**

1. Entity Name

**TOM & BETTY'S, INC.**

Principal Place of Business

**4409 ROOSEVELT BLVD.  
 JACKSONVILLE FL 32210**

Mailing Address

**4409 ROOSEVELT BLVD.  
 JACKSONVILLE FL 32210**

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 **59-1350225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FRITSCH, THOMAS D  
 C/O TOM & BETTY'S  
 4409 ROOSEVELT BLVD.  
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name **ELIZABETH FRITSCH / c/o Tom & Betty's**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4409 ROOSEVELT BLVD**  
 City **JACKSONVILLE** FL Zip Code **32210**

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

*Elizabeth J. Fritsch*

1.16.01

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

TITLE **P** ☒ Delete

NAME **FRITSCH, THOMAS D.**  
 STREET ADDRESS **6435 HARLOW BLVD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☐ Delete

NAME **FRITECH, ELIZABETH J**  
 STREET ADDRESS **6435 HARLOW BLVD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **S** ☐ Delete

NAME **FRITSCH, CHRISTINA R.**  
 STREET ADDRESS **1865 WELLS RD., #221**  
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE **T** ☐ Delete

NAME **FRITSCH, PAUL F.**  
 STREET ADDRESS **847 SORRENTO RD.**  
 CITY-ST-ZIP **ACKSONVILLE FL**

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 ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **ELIZABETH FRITSCH**  
 STREET ADDRESS **4455 CONFEDERATE POINT RD #15F**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Elizabeth J. Fritsch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.16.01 904.387.3311

Date

Daytime Phone #

CR2E034 (10/00)