

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

DOCUMENT # 623487

1. Entity Name
Tommy's TRANSMISSION and AIR
Conditioning, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1130 S US Highway #1
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

City & State
Vero Beach, FL
Zip
32962

Country
USA

City & State
Zip
Country

4. FEI Number
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Deanne J. Hare
Street Address (P.O. Box Number is Not Acceptable)
1130 S US #1
City
Vero Beach FL Zip Code
32962

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

(NOTE: Registered Agent signature required when reinstating)

8-28-02
DATE

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
P
THOMAS E. HARE
118 SE 11th ST
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Deanne J. HARE
118 SE 11th ST
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HARE Thomas G.
165 SE 12th ST
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
Stotler, CAROL
1850 8th St SW
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
PICKERILL, Brian Thomas
118 SE 11th ST
Vero Beach, FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
STRICKLAND, Donnie
8865 22nd ST
Vero Beach, FL 32966

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500007977825--9
-09/24/02--01013--003
*****61.25 *****61.25

**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: Deanne J. Hare
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-02 772-562-1292
Date Daytime Phone #

CR2E034B (12/01)