

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90156 028 ***158.75

DOCUMENT # 690623

1. Entity Name
TUCKER MANAGEMENT GROUP, INC.

Principal Place of Business C/O MARILYN TUCKER 6802 JASMINE BLVD. PORT RICHEY FL 34668	Mailing Address C/O MARILYN TUCKER 6802 JASMINE BLVD. PORT RICHEY FL 34668-2122
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2106810	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**TUCKER, MARILYN
 6802 JASMINE BLVD.
 PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

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 *Sherryl A. Slicer* DATE 4-24-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUCKER, MARILYN	
STREET ADDRESS	6802 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TUCKER, WOODROW	
STREET ADDRESS	6802 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HILL, SANDY L	
STREET ADDRESS	6802 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TUCKER, WOODROW J	
STREET ADDRESS	6802 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLICER, SHERRY A	
STREET ADDRESS	6802 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sherryl A. Slicer* Sherryl A. Slicer DATE 4-24-00 (727) 868-2139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)

X208