

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J49029

1. Entity Name

TIPTON INTERIORS CONTRACTING, INC.

Principal Place of Business

P.O. BOX 2614
OCALA FL 32678

Mailing Address

P.O. BOX 2614
OCALA FL 32678

2. Principal Place of Business

20651 NE Hwy 27

3. Mailing Address

Suite, Apt. #, etc.

City & State

Williston, Florida

City & State

4. FEI Number

59-2742138

Applied For

Not Applicable

Zip

32696

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIPTON, JERRY WAYNE
20651 NE HWY 27
WILLISTON FL 32696

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD TIPTON, JERRY WAYNE P.O. BOX 2614 N/A OCALA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLANE, LISA TIPTON 4451 SE 145TH ST SUMMERFIELD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILLOW, SHERRY TIPTON 10160 SE 139 PL SUMMERFIELD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPTON, RENNA ANNE 4449 SE 145TH ST SUMMERFIELD FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McClane, Lisa Tipton	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Pillow, Sherri Tipton P.O. Box 681 Ocklawaha, Florida	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Levert, Renna Tipton	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry W. Tipton

4-18-01

Date

(352)629-3300

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)