

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J50067

1. Entity Name

T. F. PETIT & ASSOCIATES, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90219 015 \*\*\*150.00

Principal Place of Business

Mailing Address

% THEODORE F. PETIT  
5300 EMERSON ST #2  
JACKSONVILLE FL 32207-1952

% THEODORE F. PETIT  
5300 EMERSON ST #2  
JACKSONVILLE FL 32207-5906

2. Principal Place of Business

3. Mailing Address

3117 Spring Glen Rd.

3117 Spring Glen Rd

Suite, Apt. #, etc.

Suite 403

City & State

JAX FL

Zip

32207

Country

USA

Zip

32207

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETIT, THEODORE F.  
5300 EMERSON ST #2  
JACKSONVILLE FL 32207-1952

3117 Spring Glen Rd  
Suite 403  
Jax FL 32207

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, 2000 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 ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
PETIT, THEODORE F.  
7518 S HOLIDAY RD  
JACKSONVILLE FL 32216

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
PETIT, SONYA  
7518 S HOLIDAY RD  
JACKSONVILLE FL 32216

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
PETIT, THEODORE F JR  
1213 JAMAICA RD W  
JACKSONVILLE FL 32216

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-7-00 904396 2249

CR2E034 (9/99)