

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**  
 05-10-2000 90090 015 \*\*\*150.00

**DOCUMENT # J81154**

1. Entity Name

**TOM'S SMALL ENGINE REPAIR, INC.**

Principal Place of Business

Mailing Address

% THOMAS M. WALLACE  
 7810 ARBLE DRIVE  
 JACKSONVILLE FL 32211

% THOMAS M. WALLACE  
 7810 ARBLE DRIVE  
 JACKSONVILLE FL 32211-4351

2. Principal Place of Business

3. Mailing Address

**8120 LONE STAR RD**  
 Suite, Apt. #, etc.

**8120 LONE STAR RD**  
 Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL**

City & State

**JACKSONVILLE, FL**

4. FEI Number

**59-2838417**

Applied For

Not Applicable

Zip

**32211**

Country

**DUVAL**

Zip

**32211**

Country

**DUVAL**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, THOMAS M.**  
**7810 ARBLE DRIVE**  
**JACKSONVILLE FL 32211**

Name **THOMAS M. WALLACE**

Street Address (P.O. Box Number is Not Acceptable)  
**8120 LONE STAR RD**

City **JACKSONVILLE** **FL** Zip Code **32211**

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	DP	<input type="checkbox"/> Delete
NAME	WALLACE, THOMAS M.	
STREET ADDRESS	7810 ARBLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WALLACE, PHYLIS K.	
STREET ADDRESS	7810 ARBLE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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	
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NAME	
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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 687, 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

Date

Daytime Phone #

(904) 725-9203