

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K38112**

1. Entity Name

T AND P ENTERPRISES, INC.**FILED****May 01, 2001 8:00 am**
Secretary of State

05-01-2001 90111 010 ***150.00

Principal Place of Business

**2114 SPAFFORD AVE
WEST PALM BEACH FL 33409
US**

Mailing Address

**2114 SPAFFORD AVE
WEST PALM BEACH FL 33409
US**

2. Principal Place of Business

1122 S. Congress Ave.

Suite, Apt. #, etc.

3. Mailing Address

1122 S. Congress Ave

Suite, Apt. #, etc.

City & State

West Palm Beach

City & State

West Palm Beach4. FEI Number **65-0075023**

Applied For

Not Applicable

Zip

33406

Country

US

Zip

33406

Country

US5. 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

**TIMM, RONALD W
2114 SPAFFORD AVE
WEST PALM BEACH FL 33409**

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

Ron Timm, President**4/24/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **VPTD**
STREET ADDRESS **TIMM, RONALD**
CITY-ST-ZIP **13465 SOUTHFIELDS RD**
WELLINGTON FL 33414TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **Timm, Ronald**
CITY-ST-ZIP **13465 Southfields Rd**
Wellington, FL 33414TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Bill Beringer**
CITY-ST-ZIP **4623 Pinemore Lane**
Lake Worth, FL 33463TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Jon Stover**
CITY-ST-ZIP **12908 Dupont Circle**
Tampa, FL 33626TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 like empowered.

SIGNATURE:

Ron Timm - President

Date

4/24/01

Daytime Phone #

(561)547-9599

CRE034 (10/00)