

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L66261**

1. Entity Name

Tucker & Mitchell, Inc.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90657 019 ***150.00

Principal Place of Business

Mailing Address

ACME PRINTING
1305 OLD DIXIE HWY
ST. AUGUSTINE, FL 32084

SAME

A0038233

2. Principal Place of Business

NOTE 32084

3. Mailing Address

1305 OLD DIXIE HWY

City & State

City & State

ST. AUGUSTINE, FL

4. FEI Number

59-3010700

Applied For

Not Applicable

Zip

Country

32084

Zip

Country

32084

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

McCLORE, GEORGE M.
81 KING ST. #A
ST. AUGUSTINE, FL 32084

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TUCKER, LEONARD R. JR**
CITY-ST-ZIP **147 SAND MARCO AVE**
ST. AUGUSTINE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MITCHELL, WILLIAM R**
CITY-ST-ZIP **1305 OLD DIXIE HWY**
ST. AUGUSTINE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE:

William R. Mitchell **William Mitchell**

Date

Daytime Phone #

3/19/01 **9048249235**

CR2E034 (11/00)