

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009113

1. Entity Name
TOM-JAC, LLC

Principal Place of Business
911 50 ST. COURT WEST
BRADENTON FL 34209

Mailing Address
911 50 ST. COURT WEST
BRADENTON FL 34209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0973521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.
802 11TH STREET WEST
BRADENTON FL 34205

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Limited Liability Co. Mbr. ☐ Change ☒ Addition
Thomas S. Downs
911 50th St Court W
Bradenton, FL 34209

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

Limited Liability Co. Mbr. ☐ Change ☒ Addition
Jacqueline S. Downs
911 50th St Court W
Bradenton, FL 34209

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

900004137033-1
-05/04/01--01092--014
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

THOMAS S. DOWNS

4/11/01

941-792-0073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)

UAC:10c : AT

FILED

01 APR 23 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE