## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # M94614** Jan 22, 2000 8:00 am 1. Entity Name Secretary of State JEFF TOLSON, INC. 01-22-2000 90033 046 \*\*\*150.00 Mailing Address Principal Place of Business C/O JEFF TOLSON C/O JEFF TOLSON 1621 UNITAH AVENUE 1621 UNITAH AVENUE LAKELAND FL 33803-1945 C0007505 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2907102 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent~ 6. Name and Address of Current Registered Agent Name BARLOW, GEORGE KEITH Street Address (P.O. Box Number is Not Acceptable) 1621 UNITAH AVE LAKELAND FL 33803 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME BARLOW, GEORGE KEITH STREET ADDRESS STREET ADDRESS 1621 UNITAH AVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition VSD Delete TITLE NAME TOLSON, GEORGE J NAME STREET ADDRESS 1621 UNITAH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.