

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000005178

1. Entity Name

TOMMY HUNTERS, INC.

Principal Place of Business

5131 N. PALAFOX ST.
PENSACOLA FL 32505

Mailing Address

5131 N. PALAFOX ST.
PENSACOLA FL 32505

2. Principal Place of Business

10335 Gulf Beach Hwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32505

Country

U.S.

Country

4. FEI Number

59-2296714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOODRUFF, RACHEL
5131 N. PALAFOX ST.
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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 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

TITLE **D** ☐ Delete
NAME **WOODRUFF, RACHEL**
STREET ADDRESS **5131 N. PALAFOX ST.**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: R. Woodruff R. Woodruff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 030 ***150.00

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DO NOT WRITE IN THIS SPACE

003273

CR2E034 (10/00)

4/27/01 850 434-8880
Date Daytime Phone #